Z & C Care Ltd

Home Instead Senior Care Huntingdon

Inspection report

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Huntingdon
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 and 6 April 2017 and was announced.

At the previous inspection in August 2014 the service was rated as 'Good'.

Home Instead Senior care Huntingdon is a domiciliary care service that provides a personal care service to people living in their own home. At the time of our inspection 28 people were using the service. The service office is based on a business park near Huntingdon.

A registered manager was 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 had been trained on how to keep people safe and they knew who they could report any incidents of harm to. However, we found that not all incidents of harm or potential harm had been reported by the registered manager or acted upon by them. This put people at risk of harm and meant that organisations responsible for investigating safeguarding were not able to respond in a timely manner to assure people's safety.

Not all risk assessments were in place to support people with their safety. Where accidents and incidents had occurred action had not been taken to update people's risk assessments to help prevent the potential for a reoccurrence. This increased the risk of people being exposed to a risk of harm.

Medicines were administered and managed safely by staff whose competency had been assessed. Accurate recording of medicines was in place as a result of the reminders to staff to ensure they recorded administered medicines accurately.

A sufficient number of staff with the necessary skills had been recruited to safely meet people's needs.

Staff possessed the necessary care skills to meet people's nutritional needs. Staff enabled people to access health care support from external healthcare professionals when required.

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. The registered manager was aware of what they were required to do should any person lack mental capacity. No one using the service needed to be lawfully deprived of their liberty.

People were looked after with kindness, compassion and with respect for their privacy and dignity.

People, their legal representative or relatives were enabled to be involved in identifying, determining and planning the review of their care.

People were supported to be as independent as they wanted to be where this was safe. People were supported in such a way that prevented any risk of social isolation. This included assistance with their hobbies, interests and pastimes.

An effective system was in place to gather and act upon people's suggestions and concerns before they became a complaint.

The registered manager was supported by an operations' and training manager, care schedulers, senior care staff and care staff. Staff had the support that they needed to fulfil their role effectively.

People, their relatives and staff were involved and enabled to make suggestions to improve how the service was run.

The registered manager and provider had not always notified the CQC about important events that that they were legally required to do. This prevented other statutory organisations responsible for investigating incidents to be alerted. Not all quality monitoring and assurance processes that were in place were effective. Trends in accidents and incidents were not always acted upon. This put people at risk of harm.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009.You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all accidents and incidents were reported to the appropriate authorities. Not all risks had been correctly assessed. This put people at risk of harm.

Medicines were managed and administered safely.

People's needs were met by a sufficient number of staff who had been recruited in a safe way.

Is the service effective?

Good

The service was effective.

Staff were trained and provided with the right skills to support people they knew well.

Staff were knowledgeable about how people needed to be supported to make decisions. Not all people's mental capacity had been assessed and this limited the provider's ability to determine when people's capacity changed.

People were enabled access health care services with support from staff when required. People had sufficient quantities to eat and drink.

Is the service caring?

Good

The service was caring.

People's care was provided by staff who offered kind, sensitive and compassionate care. Staff respected people's privacy and dignity.

People's care plans had been developed in consultation with the person.

People had the support and advocacy they needed and relatives could contribute towards people's care when this was needed.

Is the service responsive?

Good

The service was responsive.

People were valued by staff who enabled them to contribute to the identification and planning of their care.

People could be as independent as they wanted to be and staff encouraged people to lead an active lifestyle. This was by engaging with people with their pastimes, hobbies and interests.

People's comments, concerns and suggestions were acted upon before they became a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager and provider had not always notified the CQC about events that, by law, they are required to do so.

Quality assurance procedures and systems were in place to help drive improvements in the quality of care that people were provided with. However, these were not always as effective as they could have been.

Staff undertook their role in an open and honest manner and the registered manager fostered a positive staff culture.

Home Instead Senior Care Huntingdon

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 5 and 6 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we made contact with the local authorities who commission people's care, including social workers. This was to help with the planning of the inspection and to gain their views about how people's care was being provided.

We received seven out of 15 surveys sent to people who used the service; four out of 15 relatives or friends and one out of two were received from community professionals.

We spoke with three people in their home and five other people by telephone. We also spoke with the registered manager, two care supervisors, a care scheduler, two senior care staff and one care staff.

We looked at six people's care records, medicines administration records and records in relation to the

management of staff and the service.

Requires Improvement

Is the service safe?

Our findings

Staff had been trained on how to keep people safe and they knew who they could report any incidents of harm to such as the registered manager or the local safeguarding authority. One person told us, "They [staff] are very gentle, kind and as a result I feel safe." We found that although staff had logged and reported incidents of harm and potential harm, no action had been taken to mitigate the potential for a reoccurrence. In addition where incidents of harm had occurred the registered manager had not reported this to the local authority. Not all incidents of harm or potential harm had been reported or acted upon. This put people at risk of harm and meant that organisations responsible for investigating safeguarding were not able to respond in a timely manner to assure people's safety.

This was a breach of Regulation 13 (1), (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people were at risk such as from falls, skin integrity and moving and handling we found that in most cases a risk assessment was in place to manage these risks. We found however that where incidents had occurred people's risk assessments had not been updated. This included situations where people could have behaviours which could challenge others. Staff were able to tell us the actions they needed to take to keep people safe. However, we found that the risk assessment did not include guidance on the action to take to help people become calm.

Records we looked at and staff we spoke with confirmed that a robust process was in place to recruit staff who were suitable to work with people using the service. Checks included a satisfactory Disclosure and Barring Service (this is an organisation which checks to see if staff have any criminal records) check , two written references and evidence of staff's qualifications and identity before they started work. One staff member told us, "I had to provide evidence of my qualifications, my passport, at least three references and one of these from my previous and most recent employer as well as signing to say I was in good health to work with people." This showed us that there were systems in place to help ensure that only staff deemed suitable were employed.

We found that were sufficient numbers of staff to meet people's care and support needs. One person said, "They [staff] staff for the full hour; sometimes a little longer. If ever they are going to be late I always get a phone call from the office [staff]." Another person told us, "The girls [staff] are sometimes a few minutes early which I don't mind." Staff told us that they had time to travel from person to person and that they could complete all care tasks within the allocated time. One staff member said, "Not only do we have time to provide personal care, we can have a chat, tidy up and help with any other requests people may have." Staff also told us that if ever staff called in to report their absence that there was always staff who would cover additional shifts. One person had fed back to us in our survey, "They [staff] have a full hour to help me." People were assured that staff would be available to meet their needs.

We found that staff had been trained as well as being deemed competent in the safe administration of people's medicines. Records we viewed showed that staff recorded the administration of medicines'

administration correctly. We found that people had their medicines as prescribed. In addition, people were prompted to take their medicines. One person said, "They [staff] make sure I have taken all my tablets. They do my eye drops as I can't do that myself." Where staff had, prior to our inspection, omitted to sign for administered medicines the registered manager and operations' manager had taken appropriate action. For example, the registered manager had used the staff meetings' to remind staff of their responsibilities in making sure they always signed for medicines. The registered manager told us that these had been effective.

Good

Is the service effective?

Our findings

People told us that the staff who cared for them knew them and their needs and preferences well. One person said, "I have had care from [the service provider] for over four years and if they don't know me by now they never will. I am confident they do know me well. Any new staff are always introduced to me. If they need help I can always guide them." Another person told us, "The girls [staff] know exactly how to help me. They get my clothes ready, run my bath and then get my lunch. I can't fault them." The registered manager told us that rather than assessing people's needs they consulted with people as to what they wanted. This resulted in people receiving the care and support that they wanted.

We found that staff received training and refreshers on a regular basis. One person told us, "From what I have seen they [staff] seem to know exactly what they are doing." One staff member said, "I have had training on moving and handling, safeguarding, first aid, dementia care, infection control and food hygiene." Other mandatory subjects staff had been trained on included the Mental Capacity Act 2005 (MCA) health and safety and the administration of medicines. The registered manager told us, "All new staff have to complete the Care Certificate (a nationally recognised qualification in care). They have a three day induction which they have to evidence their understanding of subjects covered in their workbooks by answering set questions."

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in domiciliary care services are managed through the Court of Protection. We were told and found that no one currently using the service needed to be deprived of their liberty. We did however find that where people had been diagnosed with a lack of mental capacity that their ability to make certain decisions had not been fully recorded. One person said, "I choose when I get up, what I do and when I like the girls [staff] to help me with my needs. They always respect my choices."

Staff were able to tell us the decisions people could make and what these were for such as when to take medicines and when to eat. Care plans did not include this level of detail about the specific decisions a person could or could not make, with or without staff support. The registered manager told us that these changes had only recently occurred and that they would address this shortfall. Some people had a valid lasting power of attorney in place for subjects including advocating for relative's finances. Other instances we saw included examples of relatives consenting to aspects people's care where this had not been lawfully authorised. This had the potential for staff to provide care to people that may not be in their best interest.

Members of care staff were knowledgeable about assisting people to maintain their nutritional intake. One person told us, "They [staff] always ask what I want to eat and I always get what I prefer." We found from records viewed and people we spoke with that people were supported to maintain an adequate food and fluid intake. One person said, "They [staff] always ask me what I would like to eat and drink but I always have my favourite, a cup of tea." Another person we observed was supported to eat their favourite lunch. They said, "I used to always have this [lunch] but they [staff] have offered me alternatives and some of them I have grown to like." All people we spoke with confirmed that staff always ensured that a drink was provided and left for people to access throughout the day such as a jug of squash.

People's health needs were met with support from staff, if needed. One person said, "I was not so well the other day and they [staff] called me a GP. I'm glad they did as I wouldn't have bothered." People told us that if ever they were unwell that staff would call for health care support. Another person said, "I have a district nurse come to see and they sort me out." We also saw that staff, who had been trained, supported people with their continence care needs.

Good

Is the service caring?

Our findings

People were looked after by staff who showed compassion and respected their privacy and dignity. People were very complimentary about the way their care was provided. For example, one person told us, "They [staff] are always so kind, careful and considerate of me." Another person said, "I need help with having a shower but they [let me have privacy. We do have a laugh as it puts me at ease." A relative fed back to us, "All care agencies should be like Home Instead. New staff are always introduced to [family member] and this puts them so much more at ease." Another relative fed back to us, "What makes it [care] excellent is the care taken over delivering exactly what is in the care plan and doing so in a personal and compassionate way."

People told us that staff were consistent in always asking after their wellbeing, general health and if there was ever anything else that they could help with. We observed how staff approached people's homes by the person's preferred means such as by the back door. One person told us, "They [staff] always knock, say hello and ask after me. I can't fault them. The care is amazing."

Staff spoke with people with kindness and in a way that they preferred such as clearly and slowly. For example, one person said, "Whenever they [staff] arrive I get a really warm welcome. They light up my day." A relative fed back to us by saying, "All the care has been good, particularly noteworthy was the time [regular care staff] was off sick and the [registered] manager rang me to check that the replacement staff was okay." One staff member told us, "It's all about putting people first and treating them as if they were one of your own family. This showed us that people's care was provided in a way that they preferred. Another person said, "It makes such a difference to me having the same staff all the time. They know me and I know them." A third person told us, "I need help getting up and the girls [staff] are always very gentle with me as well as explaining everything clearly so I feel at ease." People could be assured that staff knew and understood their needs, listened to their requests and acted accordingly.

From records and care plans we viewed we saw that people were supported to live at home as long as they wanted and where this was practicable. People benefitted by being able to live independently through the support that staff provided.

Staff described to us the circumstances they needed to be mindful of to protect people's dignity such as keeping people covered as much as the care and support they received. One person said, "I need two people to help get me up but they [staff] have enabled me to live in my own home."

People's care plans described the support people needed. However, the details were not always clear. For example, care plans stated "requires support to get dressed or have a shower, although the detail about this support was limited. Other guidance for staff stated 'offer reassurance' but not what this was. Staff were however able to describe to us how people's care was to be provided and what the level of care was. The operations' manager added further clarity about what support and assurance was to care plans before we completed our inspection.

We found that formal advocacy arrangements were in place for those people who could potentially be

lawfully deprived of their liberty as well as people whose relatives advocated on their behalf. An advocate is a person who is able to speak on the person's behalf and make sure that the person's wishes and preferences are respected. Care plans and people we spoke with confirmed that their risk of social isolation was minimised. One person told us, "My daughter speaks up for me. They sort all my records [care plan]. They check with me to see if everything is correct before I sign my agreement."

Good

Is the service responsive?

Our findings

People told us that they were consulted about their needs and their views and preferences were the most important part of their care. One relative fed back to us, "Our impression is that a measure of care is exercised in the choice of care staff to suit our [family member's] personality. As a result of this we believe our [family member] has bonded extremely well with their care staff in as much as they regard care staff as friends." People, told us they were consulted about their needs and the subsequent development of their care plan. This was also confirmed by people's relatives.

A relative had fed back to us about how staff had developed a good rapport with their family member saying, "I believe [name of staff] has done this by taking care over the little things, like tone of voice, getting on the same level as [family member], making eye contact. When there is time [staff] read a book which [family member] really loves." The registered manager told us that the most important thing was treating everyone as an individual. We found that this was the case.

Any further discussions or changes to care plans required people's consent or that of their advocate. One person said, "I had a girl [senior care staff] come out to see me. They went through all my care provision. I like to chat so they get to know what I used to do. I was young like them once. We often talk about what life used to be like and reminisce." Another relative fed back to us, "It's a relief to have found a care team able to respond to my [family member's] needs and work flexibly with them."

All of the people we spoke with and responses to our survey were positive about the way people's individual needs were met. For example, one person told us, "I like puzzles and crosswords and they [staff] help me if needed." Another person said, "I like watching the TV and chatting about my favourite soap series."

All people and relatives who responded to our survey were 100% satisfied with the support that was provided and that it helped people to be as independent as they could be. 84% of respondents stated that they were involved in decision making about their care and support needs. This meant that people could be confident that their strengths, interests and preferences would be respected.

We saw that a process was in place to regularly review and update people's care plans. The operations' manager told us how people's care records were kept up-to-date. This was by face to face meetings, care calls by staff and telephone calls to people to seek assurance that the current care plan met the person's wishes. Any identified changes were implemented promptly or as soon as necessary if the situation was of an urgent nature.

The provider told us in their PIR that, "In a bid to appear less formal, any potential barriers between people and care staff are lessened by the fact that care staff do not wear uniforms." One senior care staff said, "When we commence caring for a person we make sure that the foundations are in place first and then build upon this." One person showed us the music CD that staff had brought to them over the previous weekend to help celebrate a famous singer's birthday and because of the person's life history, work and interests. The person said, "I love [name of singer]." This was observed to be whilst they happily listened to this music.

People and relatives told us who they would speak with if they wanted to raise a concern or complaint. One person said, "The reason I have not had to complain is that they [the registered manager] got it right in the first place." Another person told us, "Everything is perfect and I wouldn't say this unless it was." Feedback to our survey was 100% that people and relatives were confident that their concerns would be responded to. We found that concerns were responded to before they became a complaint. People we spoke with were unanimous that they had never had to complain.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in post. We found from records we looked at that the registered manager and provider had not always notified the CQC about important events that, by law, they are required to do. There had been five incidents of harm and one where there was potential for harm which should have been reported.

This was a breach of The Care Quality Commission (Registration) Regulations 2009 regulation 18.

The registered manager had a range of quality assurance and audits in place to help identify and help drive improvements. However, we found that these audits had not always identified trends in relation to accidents and incidents. Where trends had occurred the registered manager had not identified what actions were required to be taken. In addition, risk assessments had not been updated. The lack of updates to care plans meant that staff did not have the latest information to support people.

People had the opportunity to give their views about the care and support they received from the service. For example, the provider conducted an annual service user and staff quality assurance survey. This was about what it did well and also to help identify any areas for improvement. Comments from people included, "When I needed to rearrange care the office staff were very good." And "When they ring me [office staff] it's like talking to a friend. My requests are answered with care and understanding."

The provider told us in their PIR that they had "created a culture that is open, fair and transparent which encourages our care staff to follow by example. It is important that out office team and care staff all believe in the same ethos and values. This was in enabling people to live at home as long as possible and whatever this took to achieve. Improvements identified in the PIR such as increasing the supervisors in the office had been implemented. This had been as a result of an increase in people using the service and the need to maintain the same quality of care.

Various meetings supported staff in their role such as staff meetings for care and management staff as well as day to day contact with the registered manager. In addition, regular spot checks and observation of staff were undertaken. This was to help ensure that the right standards of care were provided and that this was consistent. This support also included a monthly meeting for staff based in the office who had a management role. Subjects covered included the regular supervision, appraisal of all staff which was up-to-date, as well as details of 10 staff who had gained a recognised qualification of caring for people living with dementia. One supervisor told us, "This course really helped me gain an in-depth understanding for people with these needs and how best to meet them.

We received positive comments from people, relatives or their representative and health care professionals. Comments included, "I believe every care company should run like this one"…"when my normal carer [staff] was off they went to great lengths to replace them with someone who had similar attributes" and "thank you for being my guardian angels over many months."

We also viewed compliments about the leadership of the service. A relative commented, "Your care [the service provider] has changed my [family member's] life for the better." Staff were consistent in telling us their praise about the way the registered manager led the service. One staff member told us, "They are always there; someone to lean on for support; even if I ring with what might appear to be a trivial matter I am always helped in a positive way." Another staff member said, "I get all the support I need both in, and out of, work."

Staff were aware of the whistle blowing policy and when to use it. One supervisor said, "If I ever witnessed unsafe, unacceptable standards of care I would report to [registered manager] immediately. I have worked for this company since it started and I have never seen or heard about any poor care." A senior care staff told us, "[Registered manager] is just so supportive; I know that I would be listened to and action would be taken straight away. People come first; always."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager and provider had not always notified the CQC about incidents, that by law, they are required to do so.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Where incidents of harm and potential harm had occurred the registered manager had not taken steps to ensure that people were safeguarded from harm.