Bevington Care Services Limited

Home Instead Senior Care

Inspection report

Raydean House, 15 Western Parade
Great North Road, New Barnet
Barnet
Hertfordshire
EN5 1AH

Tel: 02084457044
Website: www.homeinstead.co.uk

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Home Instead Senior Care is a domiciliary care agency who at the time of our inspection was providing a service to 108 people in their own homes. The provider was registered to provide personal care to people with dementia, learning disabilities or autistic spectrum disorder, mental health, older people, physical disability, sensory Impairment and younger adults. Staff providing personal care to people were called 'care givers'. This is the term we will use in this report.

This was the service first comprehensive inspection, as such they had not yet received a CQC rating. The registered manager had left the service just prior to our inspection. 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. At the time of the inspection day to day management was provided by the head of care who was applying to the CQC to be the registered manager.

We found a breach of the regulations because although people had risk assessments that covered a number of areas some hazards had not been identified and risk assessed to ensure people's safety.

People's medicines records indicated what level of support they required and if they had capacity with regard to their medicines. When identified in assessment the service supported people with the complete management including reordering of medicines. We noted however that it was not always clear from people's medicines records if the family member or the care giver had the responsibility to prompt people who required reminding to take their medicines.

We had very positive feedback from people and their relatives about the service. People told us they felt safe with their care givers and confirmed they attended and stayed for their allotted time and were caring in their approach.

The directors, head of care and office staff were well informed about people who used the service and had a close working relationship with the care givers. There were systems of monitoring to ensure the service given was of a high standard. People and their relatives were encouraged to contact the office and asked to provide feedback about the service they received.

The service undertook some excellent work in partnership with voluntary organisations in the community to reduce the risk of falling and to make people aware of fraudulent scams. This helped people in the community to protect themselves and get help when needed.

The service had a robust recruitment process to ensure the care givers were safe to work with people. Care givers told us they received a thorough induction, ongoing training and supervision to support them to undertake their role. Care givers were knowledgeable about the people they cared for and ensured they

received support from health care professionals.

Care givers demonstrated they understood their responsibilities to report abuse under safeguarding adult's legislation and obtained people's consent before acting in accordance with the Mental Capacity Act 2005. People or their relatives were involved in care planning and signed care plans to show they agreed with the care and treatment provided. When people did not have the capacity to consent to their care the agency checked that people's relatives had a legal right to act in their best interest. This was in line with good practice guidance.

Home Instead Senior Care aimed to keep people as independent as possible in their own homes. Care plans highlighted what people could do for themselves and identified where they required assistance from the care givers. People were supported with their diverse needs and care plans were person centred with care given tailored to meet the needs of each person. Care plans were reviewed and updated on a regular basis.

We found a breach of Regulation 12 Safe care and treatment.

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. Risk assessments did not always capture risks to people and did not identify measures to address or minimise those risks.

Some people's medicine records did not state clearly who had responsibility for administering their medicines.

Care givers and office staff had received safeguarding adults training and knew how to report abuse concerns appropriately.

The service had a robust recruitment procedure and there were enough care givers to provide a continuity of care to people.

Staff understood the need to use protective equipment to avoid cross infection when providing care.

Is the service effective?

Good

The service was effective. All staff demonstrated they upheld people's rights with regard to the Mental Capacity Act 2005 (MCA) and people were asked their consent before care and support was provided.

Care givers received a thorough induction that included training and completed a probationary period to equip them in their role.

Supervision sessions and spot checks took place that checked staff performance and gave an opportunity for care staff to raise concerns.

Care givers supported people to access the appropriate health care services to ensure their ongoing and emergency health needs were met.

People were supported to eat healthily and remain hydrated. Care givers recorded food consumed and fluids taken.

Is the service caring?

Good

The service was caring. People and their relatives spoke highly of the care givers and office staff describing them as caring and

valued the continuity of care givers the service offered.

Care givers demonstrated a commitment to the people they worked with. The service invited people's relatives to attend dementia training so they had the opportunity to learn about the condition with the care givers.

The service met people's diversity needs.

Is the service responsive?

Good

The service was responsive. People had person centred care plans that contained a history and gave clear guidance about how they wished to be supported.

The care givers made appropriate daily notes and when a person was at times confused used a communication book to share information with relatives and other care givers.

People and their relatives knew how to complain and the service responded to complaints in an appropriate manner.

Is the service well-led?

Good

The service was well-led. However audits had not identified the omissions in risk assessments and there was sometimes a lack of clarity around the prompting of people's medicines.

There was very good lines of communication between the office staff and people and their relatives using the service. In addition to good lines of communication between the office staff and the care givers.

People were asked feedback about the service on a regular basis in a number of ways.

The service undertook some excellent work in partnership with the community to address the issues of falls and the risk to older people.

Home Instead Senior Care

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 checked 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.
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.

The inspection team consisted of two adult social care inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service this included notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection process we spoke with thirteen people who used the service and three family members. We case tracked eight people's care records. This included reviewing their risk assessments, medicine administration records and daily notes. We looked at six staff personal files this included recruitment, supervision and training records. We spoke with three members of care staff and two directors, the head of care and field supervisor.

Requires Improvement

Is the service safe?

Our findings

People had risk assessments that highlighted when they were at high risks of falls, moving and handling and self-neglect. There was also a home environment check. This took into account care givers who were lone working and checked for example, that the property had smoke detectors and was free from hazards that might cause the person harm.

However we found for example in one person's assessment the risk of poor hydration was ticked as 'No' under the needs assessment however stated in their care plan that "[X] fluids intake needs to be increased" and went onto state that they required support with hot and cold drinks. The risks and measures to minimise risk to the person's was not recorded.

In another person's daily records it was recorded on three occasions in a two week period that the person's floor was wet with urine. This was a fall hazard as a slip could easily occur on a wet floor. This had not been picked up in the falls risk assessment as a possible hazard. In addition there was an account of the person going out into the street and being confused. There was not a risk assessment that looked at ways to mitigate the risk to the person should this occur again.

In another person's record it was acknowledged that a person demonstrated behaviour that challenged. However the risk assessment had not been updated to reflect this risk and give guidance to staff as to how to manage the risk to the person and others.

In another person's records we noted in their daily notes a "Life line" pendant alarm was referenced in numerous entries by care givers stating for example "Life line on". However this equipment was not referenced in the person's care plan or their risk assessment. As this was equipment to use in case of emergency its use and the care giver's role in ensuring it was in place should have been clearly stated for staff guidance.

We brought to the attention of the directors and the head of care that although we could see examples of good risk assessments some aspects of risk had not been captured and that there was not always a robust response to changes in people's behaviour that might place them in danger.

We found the above concerns are a breach Regulation 12 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014.

There were three levels of support with medicines offered to people. These ranged from simply reminding a person, to physically assisting them in taking their tablets and complete management including reordering of medicines. We found on two care records for people who had mental capacity there was a lack of clarity regarding the role of care givers in relation to medicines. For example, one document noted that a relative phoned and prompted a person on a daily basis to take their tablets. However the care plan indicated the care givers also had to prompt the person. Records returned from the home to the office indicated that the care giver had not prompted the person with medicines on numerous occasions. We spoke with the head of

care who indicated she would clarify the requirement of care givers immediately.

People told us they felt safe with their care giver "everything they do is about making sure I am well looked after" and "Yes, just the feeling of confidence when they help you". People were given information when they started the service that told them how to raise concerns about abuse. We asked care givers how they helped people feel safe receiving care in their own homes. One care giver told us they sang songs with the person receiving the service as this person loved singing or saying nursery rhymes. All care givers had received safeguarding adults training, knew about the importance of safeguarding adults, and knew what to do if there were any concerns. Care givers understood whistleblowing which is how to raise concerns about poor practice to the employer. We could see that safeguarding concerns in the last 12 months had been dealt with appropriately by the previous registered manager.

People told us that care givers "arrive on time, usually a bit earlier and they stay the length of time" and "they have never missed a visit". Care givers told us they received their rota in a variety of ways, by e mail or by an App on their mobile phone. They also received a text reminder each morning of each visit they were scheduled to attend. Care givers told us they had time to travel from one visit to another and were never asked to visit a person they had not met before. This was positive for people using the service. The manager told us that there were sufficient care givers to cover sickness and office staff would act as back up to care givers in an emergency. Care givers worked in groups to support people and one care giver told us they co-ordinated their annual leave so this person always received care from a care giver who knew them well. Visit times were never less than one hour as the director told us good quality care could not be given in less time. This allowed time for care givers to talk with people and offer care in an unrushed manner.

All staff recruitment was well managed. Prospective staff were asked to interview and the recruitment staff described they undertook in depth interviews to establish if prospective staff had the right personality and attitude to undertake caring work. References, evidence of the person's right to work in the UK, and up to date Disclosure and Barring Service (DBS) checks were on file for all staff members. This meant staff were considered safe to work with people who used the service

The care givers had received safe food preparation and infection control training and confirmed that they were always provided with protective equipment such as disposable aprons and gloves to prevent cross infection.

Good

Is the service effective?

Our findings

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.

The staff we spoke with had received training in MCA and demonstrated an understanding of people's rights under the MCA. We saw that the service requested people or their representatives to sign a consent form when commencing the service. They were asked their permission for the service to carry out a number of activities. These included for example, a needs assessment, risk assessment, provide personal care and support with medicines. In addition to agree to allow new care givers to shadow experienced care givers and for office staff to undertake spot checks to ensure the quality of the service provided. People ticked which ones were relevant and what they agreed to.

When people were assessed not to have capacity to make their own decision about their care and support the service named in people's records relatives that had lasting power of attorney (LPA). LPA is a legal status and document which allows someone you trust to make decisions about your health care or finances when you lack the mental capacity to make those decisions yourself. . When necessary the service asked permission to check LPA with the Office of Public Guardian to ensure the person's family member did have the legal right to make decisions on their behalf, and copies were kept on file. This was very good practice and demonstrated clearly the service up held people's rights under the MCA.

In people's care plans it stated how care givers should obtain people's consent before offering support in addition to stating how people gave their consent for example "verbally". Care givers were able to tell us how they gained people's consent before offering care "If they don't want to wash their hair it is their choice …can encourage, work with them with communication". Another care giver told us "I use empathy and gentle encouragement but if they still say no then it's a no".

Staff told us they felt well supported. A field supervisor told us they aimed to supervise people twice a year and to undertake a spot check twice a year and have a yearly appraisal with staff. Most care givers spoken with confirmed they had received supervision sessions that they found helpful but one care giver had not had two supervision sessions throughout the past year. Care givers had yearly appraisals not all of these had taken place due to office staff turn-over but we saw that this was a priority the service was addressing.

We saw that care givers had a planned induction that was spread over an eight week period and included training. Courses included for example, infection control, dignity in care, safeguarding adults, MCA and medicines administration. Care givers told us they shadowed an experienced care giver before commencing work with each person they were going to provide care to. This was so they could be introduced to the person and could learn how they liked to be supported and read their care plan. Support and monitoring was given through the probationary period. For example records showed that care givers received a phone

call after their first shift to see how they found the visit and to answer any questions. Care givers also received training in specific areas of care such as dementia and mental health. Some care givers felt the initial training was good but ongoing training was slower to access. However they told us they had expressed this to management who they felt were addressing their concern.

People's care plans stated what was required to keep people healthy, for example, one person was encouraged to walk a short distance each day with care giver supervision. People's nutritional and hydration needs were specified in their care plan. For example we saw that when a person had a history and risk of a urine tract infection they were encouraged to drink ample fluids. We saw that daily notes stated clearly if people had been given a drink and recorded when what they had eaten.

People's care records detailed their health professionals contact details these included for example the GP and the district nurse. We saw that care givers worked in conjunction with health professionals. One care giver told us they had altered their visits to coincide with the district nurse so they could hear first-hand how to identify signs of infection when supporting a person who had had a recent injury. This was very good practice. Care givers could tell us about people's health support needs and gave examples of when they would flag to the office that there was a concern and when an ambulance had been called. People's records contained up to date information to be shared in a medical emergency for quick reference.

Good

Is the service caring?

Our findings

All people and relatives spoken were very positive about the care givers and told us for example "I am very happy with this (service). I am delighted. I am always looking forward to them coming in, I live on my own. I can't fault the service at all. If I want something and I can't get up the road they will pop quickly up the road for me". People said of the office staff "I speak to who answers the telephone, they are all nice and friendly".

The director told us "the service we give is based on companionship and is not task based it is about giving people the service they ask for". They explained "there is always a backup care giver, another care giver who is familiar to the person". This gave good continuity for the person and allowed for a good working relationship to develop. People's care plans promoted the importance of care givers keeping people company and building a friendly relationship with them. For example "Build up a cheerful conversation with [X]". One care giver told us "I always have a happy smile for people" and another care giver told us "I listen, I acknowledge what is going on for them and I try to befriend".

All care givers spoke in a caring way about the people they looked after and we saw from records that when one person went missing from their home, staff were willing to be phoned throughout the night. One staff member went out at 4am to support police in locating and identifying the person. The provider was not due to be providing care at night so this was a kind gesture by the care givers who were genuinely concerned for the person's welfare. In addition in recognition that family members often manage the care of their elderly relatives with dementia without the training that paid staff receive, the service invited relatives to attend with care givers a dementia course. This showed an empathy with informal carers that was positive and caring.

Care givers told us how they maintained people's dignity by ensuring their privacy when supporting them with personal care. Describing they would for example leave the room when appropriate so people could have privacy waiting to be called back into the room when the person was ready for their assistance. Information spot checks demonstrated care givers were observed in terms of people's dignity "treated [X] with respect" and "client's modesty protected". People were given a copy of the service data protection policy so they knew what to expect in terms of the service keeping their written information in a confidential manner.

Records noted people's cultural and religious backgrounds. Staff told us they supported people to meet their needs in various ways through food choices and by being culturally sensitive.

The director told us that the end of the service to the person is as important as the beginning. He showed us a checklist the office staff go through to ensure they had done all they could to support the person. For example if the person had passed away one of the checks on the list was to send a condolence card to the family. This demonstrated the service had an ongoing sensitive and caring attitude to people and their family.

Good

Is the service responsive?

Our findings

One care giver told us "It is so refreshing to be able to be person centred". People's care plans were person centred there was a full history in each of the plans we reviewed. This gave the care givers a good sense of the person, for example what had been important to them through their life and who was important to them in their circle of family and friends. In addition this was helpful for a number of reasons. It enabled the managers to match the right care giver with the person. It also enabled care givers to understand a person's actions or behaviours, even if they had significant memory problems.

The detailed initial assessment process enabled people and their relatives to provide information to assist the service in providing person centred care. There was flexibility by the service in how tasks were carried out. For example, care documents did not stipulate the exact tasks to be completed at a specific visit as people may choose to vary the tasks on that day. However where appropriate if a person had a significant cognitive impairment some care plans also gave detailed guidance as to how the person wished to be supported "Greet [X] ask if they have had tea. If no, care giver to make tea then prepare breakfast". As such the care plans were tailored to the person's specific support needs. For people with memory problems the care giver team used a communication book to share information regarding outstanding tasks. They also held 'client' specific meetings facilitated by the office staff and including care givers to address any issues that were arising with their changing needs or behaviours. Daily notes were also kept for each person. Entries were appropriately written and the information shared relevant. This ensured that both tasks and activities carried out were recorded so that family members involved in the person's care and other care givers would know what had occurred during the visit.

Reviews were planned to take place every three to four months. We saw that for the majority of care records regular reviews were taking place within that time frame. However there was one care record where review had not taken place for over a year, although it was due to take place the day after the inspection.

People and their relatives told us they knew how to complain and would feel comfortable doing "Yes absolutely there would be no hesitation in complaining and letting them know if there was something I wasn't happy about". The provider had a complaints policy and procedure that was accessible and had a time frame for a response. This was shared with people using the service as part of their 'Welcome Pack'. We saw complaints were recorded, dealt with appropriately and with the outcome clearly documented. In addition the service gave people information to support them to take their complaints to an appropriate body such as the CQC or Local Government Ombudsman if they still felt their complaint was not addressed by the service.

Good

Is the service well-led?

Our findings

People told us they would recommend the service "Oh yes, yes I would, because a person recommended it to me". There were good lines of communication in the service to people and their relatives to promote a good quality service. People were given a copy of 'Who's who' in the office this contained the team's photos and described each person's role. Every office member was represented from directors to administration. As such people and their relatives could see who they were speaking to when they phoned the office and this facilitated better understanding of each team member's role and promoted good communication.

The service also gave clear written information to people who wished to use their service and provided both an information leaflet and a 'Pre service information pack'. This contained relevant information about the service and included for instance the 'Statement of Purpose' which described the services the agency offered including their aims and objectives. In addition the pack outlined what the service could not provide and gave the reasons why. The pack gave people the contact information they might need, and included information regarding how to obtain mobility equipment.

People told us they were asked for feedback about how they found the service. "Most defiantly yes I have already given feedback". We saw that feedback was asked for when the field supervisors conducted spot checks and people's comments were recorded. All comments we saw were positive and there were also a number of compliments from people and relatives satisfied with the service provided. Compliments were shared with the staff to recognise and acknowledge good work.

There were also good lines of communication within the staff team. A care giver told us "I feel well supported by the office staff and described to us they came to the office once a week. All care givers told us they felt well supported and were encouraged to phone or call into the office to share information and to raise concerns. Field supervisors visited care givers in the community and told us "We are the bridge between the office and the care givers, it is important to encourage them to call in".

The service recognised the importance of rewarding good practice. One care giver told us Home Instead Senior Care is a company "that gives you a pat on the back for always being there for your clients". The service acknowledged staff performance and had a 'Care giver of the month award' given to a care giver that had demonstrated very good practice and work. We met staff who had been encouraged to give talks to new care givers and staff who had been promoted to senior roles in recognition of their skills and experience. This was positive for the staff group as this was further motivation to perform well and progress in the company.

There was some excellent practice within the service when working in partnership for example the service worked in partnership with the local community to prevent falls in a project called "On your feet" One of the directors gave regular talks throughout the year where both Home Instead Senior Care people and other older people at risk of falls were invited to attend. The director shared information with people highlighting for example Age Concern 'Top tips for staying steady' and giving the contact details for the Barnet Falls Prevention Service explaining people could refer themselves. In addition the director had undertaken work

with older people to help them avoid 'scams' and be defrauded. The director had talked with church groups and worked in partnership with the Metropolitan Police Service to raise awareness of issue. This was excellent partnership work and demonstrated a commitment to the welfare of all older people in the community.

In addition the service worked with other care agencies providing support to the same person. It was clearly documented what areas the Home Instead Senior Care giver would be responsible for when working in partnership with the other care agency.

We saw evidence that the service undertook regular audits in all the care files we looked. Daily notes brought into the office for filing were checked to ensure service requirements were being met. There was an electronic system that flagged when activities such as supervision and spot checks were due. Office staff was reminded each month which files and staff were going to be checked. Spot checks looked at the files in people's homes and checked aspects of care such as dignity and care, moving and handling and medicines administration. In addition when a service began there was a courtesy call within 24 hours to ensure the visit was to their satisfaction and then there was a further six quality assurance visits throughout the year. In addition there was an end of service questionnaire to establish the reason for the service being discontinued and to learn from people's feedback. The national organisation of Home Instead Senior Care had undertaken the yearly audit in February 2017. We saw that the audit was thorough and gave a comprehensive and detailed feedback to the provider. There was an action plan for completion by 1 April 2017 when we inspected we saw that the service was working towards addressing any issues highlighted in the audit.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1)(2)(a)(b) Some risks to people were not addressed by a risk assessment.