Kernow Care Services Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 29 February 2016 and was announced. This meant we gave the provider notice of our intended visit to ensure someone would be available in the office to meet us. The service was previously inspected in December 2013, there were no concerns at that time.

Home Instead Senior Care is a domiciliary care provider based in Cornwall providing personal care and support to 49 people in their own homes. Home Instead Senior Care is part of a franchise that delivers care to people in many areas of the United Kingdom. This includes personal care such as assistance with bathing, dressing, eating and medicines; home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties; and companionship services such as escorting people on visits or appointments, simple conversation and company. Of those 49 people 27 received personal care and the remainder received help in their home or companionship. We only looked at the service for people receiving personal care during this inspection as this is the service that is registered with Care Quality Commission. The staff who support people are known as 'caregivers,' we have called them this in the report.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when being supported by caregivers from Home Instead. No-one reported any concerns about the care provided. Staff had received training in safeguarding children and adults and had guidance available in case they needed to raise a concern outside of the organisation. Staff told us they were aware of recent changes to local reporting arrangements.

There were sufficient numbers of staff to meet the needs of people who used the service. The owner and registered manager spoke of the importance of recruiting the right people for the job. There was an emphasis on matching caregivers with people to help ensure they had shared interests and beliefs. One person told us; "We [the person and caregivers] have common ground."

People were supported by small teams of caregivers and this contributed to the ability of caregivers to form trusting relationships with the people they supported. One person told us when they had started using the service they had stressed to the registered manager how important continuity of care and punctuality was to them. They told us; "They have been spot on, I wouldn't criticise them at all."

Care visits lasted a minimum of one hour and staff told us this was significant factor when developing relationships with people and providing a person centred service. The ethos of the service was that providing companionship was as important as meeting people's health needs. Caregivers arrived on time and stayed for the allocated time. No-one reported any missed visits and people told us late visits were rare and they were always kept informed.

Induction and training was thorough and updated regularly. Staff were supported by a robust system of supervision and appraisal and regular staff meetings. Staff said they felt very well supported and were proud to work for the organisation. They told us they felt part of a team and believed they were valued by the management team.

The registered manager was flexible in their approach to ensuring people's needs were met. They recognised that people's needs fluctuated and spoke regularly with people to identify any changes quickly. They used a call monitoring system to highlight when visits were becoming longer and possibly indicating that the person needed an increase in their support package.

The service provided outstanding levels of care and put the person's needs and preferences at the forefront of care planning and decision making. People who used the service, relatives and healthcare professionals were unanimous in praising the compassionate and professional care provided by staff. People and families, where appropriate, were encouraged and supported to contribute to care planning and review.

People's preferences, likes and dislikes were identified and respected. Care plans contained information to guide staff on how to support people according to their preferences. Staff knew people well and had developed an understanding of their needs over time. People's right to independence and choice and control was recognised and respected.

The service had a complaints policy in place. People who used the service were made aware of the complaints procedure and told us they knew how to make a complaint and who to, should the need arise.

People who used the service, relatives and healthcare professionals were consistent in their praise of the leadership of the service. The owner, registered manager and all staff demonstrated a shared approach to care and support that put people at the centre of the support. The importance of talking with people and spending time with them was recognised by everyone.

Home Instead was a well-managed and well-organised service. There were clear lines of responsibility and accountability in place. A robust system of audits helped ensure the standards set by the national office were adhered to. The owner and registered manager told us they hoped to develop and grow the service further. However, they recognised the need to ensure existing care packages were stable and well established before accepting new packages.

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. There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

There were appropriate systems in place to support people with their medicines.

Is the service effective?

Good

The service was effective. Caregivers received a comprehensive induction to prepare them for their role.

Staff were well supported by a robust system of regular supervision and annual performance appraisals.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service was extremely caring. The owner, registered manager and staff knew people well and understood their individual care needs.

The ethos of the service placed equal importance on meeting people's health and social needs.

Visits lasted at least one hour enabling caregivers to build meaningful relationships with people.

Is the service responsive?

Good

The service was responsive. The registered manager ensured people's needs could be met before accepting any new packages of care.

People's care plans were detailed and personalised. They contained information about people's health needs and likes

and preferences.

The registered manager demonstrated a flexible approach to supporting people.

Is the service well-led?

Good

The service was well led. The registered manager provided staff with appropriate leadership and support and the staff team was well motivated.

There were quality assurance systems in place to monitor the service's processes.

The owner worked to establish community links.

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 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.

The inspection took place on 29 February 2016 and was announced. This meant we gave the provider notice of our intended visit to ensure someone would be available in the office to meet us.
The inspection team consisted of one adult social care 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 reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. In addition we sent survey questionnaires to 31 people supported by Home Instead, 31 friends and relatives, 21 members of staff and three community professionals; we received 15 responses from people who used the service, two from people's relatives, six from staff members and one from a community professional.

During the inspection we reviewed three people's care files, looked at four staff records and reviewed a range of policies and procedures. Following the inspection visit we spoke with three people who used the service and three relatives. We also spoke with five members of staff: the owner and the registered manager. We also spoke with an external healthcare professional.

Good

Is the service safe?

Our findings

People and relatives told us they felt the care and support provided by Home Instead was safe. Comments included; "It's very good, I've no concerns" and, "I know she wouldn't come to any harm with them. You could leave everything open [when caregivers were present], it would be fine." An external healthcare professional told us; "I consider Home Instead to be a safe and caring service which more than meets the needs of service users."

Staff had received training in safeguarding adults and children and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. When safeguarding concerns were identified the registered manager acted promptly to alert other relevant agencies to help ensure people's safety. A summary of the service's safeguarding policy and the local reporting arrangements were included in the staff starter pack, which was given to staff when they started to work for the service. Information on how to raise a concern was also available on notice boards in the office. Safeguarding was a core topic in the induction for new staff and the registered manager told us they often discussed the issues in staff supervisions. Staff told us they were aware of recent changes to local arrangements for reporting suspected abuse.

Care plans contained risk assessments for a range of areas associated with people's health. For example, capacity and memory, nutrition and hydration and moving and handling needs. There was guidance for caregivers on how they could reduce any identified risk but this was minimal and lacked detail. We discussed this with the registered manager who told us they were introducing a new format for risk assessments which would be much more detailed and informative. We saw an example and found it to be easier for staff to use with the guidance clearly following from the identified risk. The registered manager told us the new risk assessments would be in place in the next few weeks. One person had been identified within the care plan as being at risk of falling. However, there was no risk assessment in place in respect of this or any detail as to when, or under what circumstances, the risk might be increased. The registered manager told us they would address this immediately.

Assessments were carried out to identify any environmental hazards in or around people's homes which might present a risk to staff. For example lack of parking near to the property or poor street lighting. There was guidance for staff on what precautions they could take in these circumstances. There was a lone working policy in place outlining the measures which should be taken to keep staff safe.

There were sufficient numbers of staff available to keep people safe. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available and when current packages were clearly established. The registered manager commented; "We're careful how we take on packages. We need room to be able to do it." Caregivers were employed on a part time basis and worked a variety of hours with no-one working over 30 hours. The registered manager told us this meant it was easier to cover any unplanned absences. They told us they were keen to "grow" the service but this would be done "sensibly" to ensure staffing levels kept pace with the number of people using the service.

People and relatives confirmed caregivers arrived at the agreed time, stayed for the allotted time and were unrushed in their approach. No-one reported ever having had a missed call.

There was a robust recruitment process in place to help ensure staff had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The service sought and verified six references, three professional and three personal, and ensured proof of identity was provided by prospective employees prior to employment. We saw any gaps in employment were explored. The registered manager told us; "We put a huge amount of effort into getting the right people."

Care records detailed whether people needed assistance with their medicines or if they wished to retain responsibility for any medicines they were prescribed. People's prescribed medicines were listed and any allergies were clearly noted. People were assessed as being at a Level one, two or three according to how much support they required with their medicines. Level one indicated they only needing reminding to take their medicine. Level three was a sign people required more specialist help such as assistance with PEG feeding (feeding via a tube). Where people were identified as needing specialist assistance the relevant training was provided for staff. There was a medicine policy in place which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

There were arrangements in place to deal with any emergency situation and help ensure continuity of service, for example in adverse weather conditions. The registered manager told us in these circumstances client's needs would be prioritised to make sure those people who were most dependant on the care and support would be visited first. A large proportion of care givers lived close to the people they supported and would be able to walk to visits if necessary.

Accidents and incidents were recorded and monitored in order to identify any emerging patterns. The registered manager told us they would be quickly alerted to any increase in incidents which would prompt them to reassess the care plan.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included: "We have some common ground. They know me and they bend over backwards" and, "I can't fault them, I'd recommend them to anyone." The owner talked of the importance of matching caregivers with clients to help ensure they developed a positive relationship. Staff were recruited to work with specific clients and people confirmed they knew all their caregivers and had consistency of support. One relative told us; ""We were with another agency before and you didn't know who was coming, it could be a complete stranger. This is far superior; they give you a schedule to say who is coming every two weeks. Any changes due to sickness or anything and they ring and let you know. And it's always one of four." The registered manager commented; "It has to be someone they [people using the service] feel comfortable with." The owner said; "A caregiver never goes in as a stranger."

There was an induction process in place which included modules focused on understanding the challenges facing older people, safeguarding and building relationships between caregiver and client. The induction incorporated the Care Certificate framework which replaced the Common Induction Standards in April 2015. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. A caregiver described the induction as; "comprehensive."

New staff and staff working with people they had not previously supported were required to work at least two shadow shifts before supporting people on their own. The registered manager told us; "They [staff] are always introduced to people and they always do shadow shifts no matter how experienced they are." A member of staff confirmed; "They never ever just send someone."

Staff received initial training in key areas such as safeguarding, infection control, first aid, moving and handling, medicines administration and dementia. In addition training in areas specific to people's needs was made available as required. For example, some staff had had training in Parkinson's and bereavement and loss. One member of staff told us they had asked to do particular courses and this had been arranged for them. An external healthcare professional said; "The staff are capable of providing what is requested in the care and support plan which comes from having good training."

Staff received regular supervision which was a mix of face to face meetings and observational spot checks. They also had annual appraisal meetings. Supervision records showed the sessions were used to highlight any training needs as well as discuss working practice issues. Staff told us they were well supported both formally and informally. Comments included; "It's an open door policy" and, "You can contact the office at any time. And no question is a silly question."

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA. The registered manager took into account people's capacity to make decisions and demonstrated an understanding that this might fluctuate at various times. All staff had received training in the MCA and told us they respected people's right to choose. One said; "I wouldn't do anything without consent, even if it was written in their care plan." People had been involved in the process of developing and reviewing their care plans and had signed these documents to formally record their consent to the care as planned.

People's dietary requirements were recorded in their care plans as well as any support they needed with fluid intake. One person had been identified as being at risk due to dehydration. The care plan stated that caregivers should; "Replenish the glasses of water that [person's name] has by her bed, next to the computer and on the dining room table." It went on to state that medicines should be offered with water and that; "because of a history of dehydration [person's name] should be encouraged to drink all of the water." We spoke with the person concerned following the inspection visit. They confirmed staff always left drinks out for them. Any preferences or cultural needs were recorded. For example, one care plan noted the person was a pescatarian (someone who eats fish but not meat).

Caregivers and the management team told us, because they knew the people they supported well, they were quick to notice if the person was unwell and could take appropriate and timely action to help the person. Records showed that, where appropriate, GP's or other healthcare professionals had been contacted as necessary. The registered manager told us they had a good working relationship with local GP's and the community matron and could act as a link between people and other agencies. They told us: "We are their constant, we are a key part of their support network."

Good

Is the service caring?

Our findings

People and their relatives were highly complementary about staff and the support they received from Home Instead. Comments included; "I'm proud of what we've got", "They were recommended to us and we would recommend them to anyone", "I have a carer just three hours weekly….three hours of laughter and any help I need" and, "They're all so nice and [relative's name] thinks the world of them." An external healthcare professional commented; "Home Instead have been excellent as we have had several meetings with the family, CPN and myself as to how we can best support the gentleman at home and most importantly it is working."

Home Instead policy was not to provide any visits less than an hour long and many were longer than this. The registered manager and owner told us this was to ensure caregivers could offer meaningful companionship to people as well as practical support and personal care. The registered manager told us; "We can't do all the things we want to do in less than an hour." They went on to say; "The caregivers build relationships with people and we [office staff] do too. We're talking to client's every day." A relative told us staff were never rushed and would spend time chatting with them. Staff told us the policy was; "Brilliant. You have time to listen to people."

A lot of effort went into developing teams of caregivers to support people. The registered manager and owner told us there were several factors taken into account in this process. Caregivers worked on a part time basis to help ensure that any absences could usually be covered within the team. Caregivers were matched with people living locally where possible and had visits scheduled throughout the day with gaps in between when they were not working. This meant they were not required to do 'runs' where they were going from one visit to the next with limited travel time. When matching caregivers and clients the registered manager took everyone's interests and approaches into account. A caregiver told us they had been asked about their hobbies when they were recruited. They said; "It works, you can build up a good relationship."

The relationship between people and caregivers was highly valued. Where people expressed a preference this was accommodated. On occasion people had asked that a caregiver didn't support them for personal reasons, this was respected and schedules immediately rearranged. One person told us; "They have got to know the sort of person I like." People had regular reviews of their care plans and contact from the registered manager when they were always asked if they were still happy with the caregivers supporting them. The owner told us; "It's about giving choice and control to the individual."

Part of the induction process involved an exercise to help new staff understand the experiences of people whose motor skills were decreasing. For example, staff wore gloves which restricted their hand movements and then attempted to open medicine bottles and write cheques. This helped them to empathise with the practical problems people might be facing on a daily basis.

Management and staff recognised the importance of helping people to maintain an independent lifestyle and continue taking part in the leisure pursuits which were important to them. The owner told us; "Our role is not to take anything away, it is to add to it, to enable people to do things. To adapt activities for them."

One caregiver we spoke with had recently met with someone who was just starting to use the service. They told us the person was fiercely independent and unused to being helped with personal care. They commented; "They are probably going to find it strange at first. But we will work together to get a routine that she is happy with."

Care plans contained information about people's social needs, preferences and interests and personal histories. This is important as it helps staff develop meaningful conversations with people and form an understanding of the events that have made them who they are. We saw recorded in one care plan; "[Person's name] loves to listen to classical music and going out for walks." The registered manager, owner and staff all talked about the people they supported knowledgably and with affection and respect. It was clear strong and warm relationships had been formed. Similarly people and their relatives spoke about individual caregivers with affection. For example, one person said; "It's lovely, they get me up and it starts the day off nice." We saw correspondence from a relative stating; "We would like them [caregivers] to join her [person using the service] eating if it suits them."

People told us staff were respectful and protected their dignity at all times. One person said; "There's no problem with personal care, no problem at all. I give them top marks." A relative told us; "They're always respectful to him. He would soon tell me if they weren't."

People's confidential personal information was stored securely in the office. The office staff often communicated with caregivers using texts. This information was always anonymised in order to protect confidentiality. No personal information was communicated in this way.

Good

Is the service responsive?

Our findings

Before people started using the service the registered manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to record how they would like their care and support to be provided. Part of the agreement was focused on what day and time people wanted support. The registered manager told us this was an important factor and they would not accept any packages where they could not meet people's preferences in this respect. They commented; "It's no good us saying we can help someone get up for the day at 10:00 if they want to be up at 8:00."

Care plans were individualised and recorded details about people's specific needs and daily routines. There was a great deal of depth of information to help staff understand what was important to people as well as for people. For example one person required support bathing. The care plan documented at what time this was to be done and the actions to be taken to support the person into the bath safely. It then went on; "[Person's name] likes to have a deep bath and to soak for a while."

Care plans contained emergency information which could be given to ambulance personnel if required. This included medical information including any known allergies, any advanced directive information and any relevant medical and personal contacts.

The care plans were reviewed regularly and updated as people's needs changed. The registered manager visited people regularly to discuss and review their care plan. Where appropriate relatives were also invited to reviews.

The service was flexible and responded to people's needs. For example one person did not require support on a weekly basis but only when their spouse was away working. Arrangements were in place to let the couple to book the support a fortnight in advance. Despite the irregularity of the arrangement the person was supported by a small team of caregivers who knew their needs and preferences well. Records of another person's review meeting showed it had been discussed if; "[Person's name] would like a later morning visit so she is more awake for getting washed and dressed." This demonstrated the service was able to react to requests from people and also pro-actively identify when the support provided might be reorganised in order to better meet people's needs.

A call monitoring system was in place to record the time at which caregivers arrived at people's homes and when they left. This enabled the registered manager to ensure people were getting visits as planned. The system highlighted when caregivers were routinely needing to spend longer periods of time with people in order to meet their needs. The registered manager was able to use this information to highlight when it might be necessary to increase the length of a visit.

Staff were encouraged to update the management team as people's needs changed and also at regular staff meetings. Any changes to people's care needs reported by staff were updated into people's care plans, both in the office and in their homes. Daily records were kept at people's homes and people confirmed these

were completed at each visit. The records were returned to the office on a monthly basis for analysis. If staff needed to be updated about any changes in people's needs the office would inform them either by email or text. Staff told us this system worked well and they always felt they were up to date and kept fully informed.

Some people needed very short visits, for instance if they needed prompting to take medication. Home Instead were not able to provide this support due to their policy of only supplying visits of at least one hours duration. In these circumstances people were occasionally receiving support from another agency. Records showed the registered manager worked to ensure the care and support was co-ordinated. For example, we saw records of a review meeting which included a representative from a different agency.

The service had a complaints policy in place but no complaints had been received. The complaints procedure was clearly displayed in the Statement of Purpose as well as in documentation given to people when they started using the service. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People confirmed that any concerns they had were dealt with promptly and in line with people's wishes. One person said; "There is no problem accommodating any changes." The registered manager told us they spoke with staff and clients regularly and were able to deal with any concerns; "as they crop up." A thank you card in the office stated: "At all times [caregivers] showed great care, they became part of the family."

Good

Is the service well-led?

Our findings

People, relatives and staff told us they considered Home Instead to be a well-managed and well-organised service. One person said; "They [office staff] seem to work together to make sure everything works." There were clear lines of responsibility and accountability in place. An administrator had oversight of training and organising supervisions and appraisals for the staff team. There was a care co-ordinator in post with responsibility for scheduling visits. A senior support worker had responsibility for care plan reviews and quality assurance reviews. The registered manager told us they were planning on giving some additional training to some experienced caregivers so they could take on more responsibilities such as supervisions and spot checks. This demonstrated management were continually looking for ways to improve the delivery of the service.

There were robust systems in place to help ensure scheduled visits took place as arranged. Staff were provided with a visit schedule every week for the following fortnight. In addition they received daily text reminders summarising the next 72 hours of planned visits.

Caregivers, office staff, the registered manager and owner all demonstrated a positive and committed approach to care and support. Staff told us they felt proud to be part of the organisation and said they were happy in their jobs. They told us the organisation was; "Amazing" and "The best I've worked for." When we asked what they thought was different about the agency staff said the policy of only providing visits of an hour or more set it apart. They told us; "It means we have time to get to know people" and, "We can do everything properly, we're not rushing about and we don't have to rush them [people using the service]." One member of staff said; "The company values the different things people have to offer."

The owner and registered manager recognised that supporting people with complex needs could be demanding for staff. In order to protect staff they identified when delivering a care package might be particularly difficult or stressful and ensured they had a larger team available doing less hours. They would also refresh the team if necessary.

Staff meetings were held regularly and one was scheduled for the week of the inspection visit. Two staff meetings would be held at either end of the day with identical agendas to enable as many caregivers to attend as possible. In addition team meetings for small teams of care givers were held to discuss people's individual needs and plans of care. Although caregivers sometimes only saw each other at these meetings they told us they felt part of a team. One said; "Perhaps it's because they recruit a certain type of person, but we all get on when we see each other. Everyone is friendly and helpful, it's really good. And if anyone new starts they always shadow one of us so we meet new staff then."

The registered manager monitored the quality of the service provided by speaking with people on a monthly basis to ensure they were happy with the service they received. If people wished to speak to the registered manager more frequently they told us they were able to do this. People and relatives were also given questionnaires to complete regularly. These included sections on how satisfied people were with caregivers and office staff. Information on how to make a complaint was included.

Home Instead is a part of a franchise that delivers care to people in many areas of the United Kingdom. The owner and registered manager were kept up to date with changes in legislation, policies and trends by the national office of Home Instead. Policies and procedures were updated regularly by the national office. Email alerts were sent out to inform the service of any small changes to policies. Weekly updates informed of any changes affecting the sector. A national conference was held annually and there were quarterly local conferences. The national office also facilitated quarterly meetings between the owner and a business support manager.

The provider had quality assurance systems in place to monitor the scheme's processes. Bi-annual audits were carried out to check the service was working in line with the standards expected by the franchise. The owner and registered manager produced monthly reports and supplied the national office with monthly Key Performance Indicators (KPI's).

National and local survey results indicated a high level of satisfaction among people using Home Instead services and staff. Comments from the local survey included; "Very keen and helpful to attend to each and every need."

The owner worked to establish community links and was proactive in promoting awareness of the difficulties faced by older people. For example they hosted a monthly local dementia support group. They were also part of the planning group for the Dementia Action Day.