

Commitment to Care Ltd

# Home Instead Senior Care - Peterborough, Oundle & The Deepings

## Inspection report

Unit 1, Swan Court, Forder Way, Cygnet Park  
Hampton  
Peterborough  
Cambridgeshire  
PE7 8GX

Tel: 01733333342

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16 November 2017

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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 between 14 and 16 November 2017 and was announced. This service is a domiciliary care agency. It is registered to provide personal care to people living in their own houses and flats in the community. It provides a service to older people, people with a physical disability or sensory impairment, younger adults, people living with a mental health condition, dementia or sensory impairment.

At the time of our inspection there were 42 people using the service who lived in Peterborough, Oundle and the Deepings areas. The provider's head office is located on the outskirts of Peterborough.

Not everyone using Home Instead Senior Care - Peterborough, Oundle & The Deepings receives the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection on 8 December 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 knew what keeping people safe meant. They also knew how to report concerns and the organisations they could contact should they suspect or identify any risk to people's safety.

The registered manager had policies and procedures in place to respond to any accidents and incidents such as medicines administration errors. These procedures were effective in driving improvements to help prevent any recurrences.

A robust recruitment process helped ensure that only staff who were deemed suitable due to their skills and suitable character were employed to work with people using the service.

Staff whose competence had been assessed to administer people's medicines did this in a safe way. Medicines were managed in line with current guidance.

Risks to people both in their home, and whilst out in the community had been assessed. These risks were then managed effectively to help ensure people continued to be as safe as they could possibly be. This was as well as any checks required on the equipment people used being completed to make sure it was safe to use, such as wheelchairs.

People continued to be cared for by staff who were supported, mentored, supervised and given the training and skills they needed to help each person live the life they wanted to. The support and care people received helped them to benefit by being enabled to remain as independent as possible.

People were effectively supported with their healthcare and nutritional needs. People were enabled access to healthcare support such as that from a GP in a prompt way.

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.

People were well looked after and cared for by staff who considered people's equality and any diverse needs. People rights, dignity and privacy was protected by staff.

People contributed to how the service was run, how the quality of care was maintained and how it was improved. This was by face to face meetings, observations of staff's care practises, quality assurance, audit and governance processes and staff's daily contact with people during the provision of their care. Any comments/concerns were acted upon swiftly and to the person's satisfaction.

The registered manager had created an inclusive atmosphere within the service and this had fostered an open and honest staff team culture. Staff were supported in a positive and learning environment where any poor care would be reported and acted upon immediately.

Effective governance, cooperation with other organisations and leadership by the registered manager had implemented a system of effective audit and quality assurance. Various ways to continually improve the service were sought as well up to date information about care in the community being used to better people's quality of life.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained good.	<b>Good</b> ●

# Home Instead Senior Care - Peterborough, Oundle & The Deepings

## **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 announced inspection started on 14 November and ended on 16 November 2017. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We visited the office location on 14 November 2017 to see the registered manager and office staff, and to review care records and policies and procedures.

We looked at five people's care records, records in relation to the administration of medicine, accidents, incidents, four staff recruitment files, and audit and quality assurance and governance processes. We shadowed and spoke with two care staff completing their care calls as well as speaking with the two people they cared for. We also spoke with the nominated individual.

On the 15 and 16 November 2017 we spoke with 15 people who used the service with their permission by telephone. On the 15 November 2017 we spoke with two healthcare professionals and two relatives.

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. As part of our inspection planning we requested information from those organisations who commission care at the service.

Other information we looked prior to our inspection was the responses to the questionnaires we had received from those we had sent out. The responses were from 11 people (45%), 20 staff (33%), one relative and five (56%) community professionals.

## Is the service safe?

### Our findings

All of the people and relatives we spoke with, those that responded to our survey and healthcare professionals confirmed that people were safely cared for. One person told us, "They [staff] are always on time and stay with me until all my care is completed." Another person said, "My care has increased and they [staff] stay for the full duration of each of my care calls. This makes me feel safe and reassured. If ever they are delayed due to traffic or other incidents the office girls [staff] let me know." Our shadowing of staff showed us that this was the case. A relative told us, "[Family member] can relax as we have never had a late or missed call. They do have all their medicines on time. This is good for [family member] and also my conscience."

Clear guidance was provided to staff on who was responsible for administering any medicines and also what level of support this was such as, just prompting. We found however that, despite staff being trained and deemed competent to administer people's medicines that not all people were supported as safely as they could have been with their medicines. We pointed this out to the registered manager who then promptly added details about the time some people's medicines were administered. This was as well as adding details about the information about how medicines should be administered before we completed our inspection. In both situations however, staff were able to tell us the time, quantity and consistency for these medicines and how they should be administered. The registered manager acted upon this matter straight away and confirmed to us that the care plans and records had been put in place for both people.

Staff we spoke with confidently described to us their knowledge about keeping people safe from harm. For example, how to identify any type of harm, the signs or symptoms of this and to whom they could report any concerns to. One staff member said, "It's all about making sure we recognise if a person is quiet, withdrawn or upset. I would not hesitate to report this." People were given information about what being safe meant such as who to contact if staff were later arriving than planned. One person told us, "It's normally the same group of carers. We have got to know each other well now. If they were running late the office would let me know but it rarely happens." People also said that they knew they could call the office if they had any concerns about their safety.

Risks to people both inside their home, and when out in the community, had been identified and managed well. We saw and we were told that people had the equipment they needed to keep them as safe as practicable. Examples of this included having a life line call system to be used in an emergency as well as having their mobility aids and drinks close to hand. Other examples were where an individual had been identified as being in need of a piece of equipment to help keep them safe. The registered manager referred people who were at need of equipment to the most appropriate healthcare professional. This helped for example, in reducing the risk of people experiencing a fall.

People were assured that their care would be provided by a sufficient number of suitable and skilled staff that were deployed to meet their needs safely. Staff continued to be recruited in a safe way with checks on their suitability, previous employment history and evidence of their qualifications being sought before they started work at the service.

People were protected from the risk of infection, and measures were in place to control infection should this arise. One relative told us, "My [family member] needs to very carefully looked after. They [staff] always make sure that any potential for cross contamination is prevented by regular hand hygiene." We saw and staff confirmed they wore protective clothing when needed.

Prompt and effective actions were taken where incidents had occurred or where there may have been potential for these to occur, such as a missed call due to traffic issues or where people experienced a fall. Actions taken included liaison with relatives, staff covering absences and referrals to healthcare professionals to review medicines or provided equipment to meet people's needs in a safe way. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where appropriate. Examples of this included where a person may have fallen and referrals to occupational therapists or a GP to help prevent any recurrences as far as possible. Any trends with the person, the location or the time of the incident were also identified and if required acted upon.

## Is the service effective?

### Our findings

Prior to people using the service a detailed assessment of their needs was undertaken. A meeting was held with the provider's office based staff to find out how best those needs could be met. The discussion also included the person talking important things in their life. For example, as part of people's assessment of needs this was planned to identify which staff were best suited to meet these needs. And, how they were to be met and any equipment such as emergency call life lines, walking frames or hospital beds that needed to be put in place.

People remained well cared for by staff who knew people's individual needs well. One person told us, "They [staff] know me ever so well. In fact, they pre-empt my thoughts. I rarely have to ask. They do however, never assume what I am going to say or agree to them doing." A relative said, "The reason they [family member] are still living at home is entirely due to the way the staff have got on with them. They [staff] are just so skilled at encouraging them to do things I thought impossible. They are amazing." We saw that where any person needed any reasonable adjustments to their support that this was done in a way which treated all people equally such as people who needed to use a wheelchair going out when they wanted to. At one person's home we listened to the registered manager giving the person information about how their home could be adapted to meet their needs, such as with the installation of an access ramp. Staff were trained to help assist people to be as independent as possible.

Staff received a comprehensive induction to the service, which included meeting the people who used the service and undertaking the provider's mandatory training. Staff were supported to gain a nationally recognised qualification in care (The Care Certificate). In addition, other more specialist training such as that for, catheter care, diabetes, epilepsy or other health conditions was provided. This gave staff the skills they needed to meet people's assessed needs. To support staff with their development a regular programme of planned supervision and coaching was in place. One staff told us, "I did have an experienced staff member shadow me after my classroom based training. I have worked in care before but I can always call the [registered] manager or staff in the office if I need any advice."

People continued to be supported to maintain an adequate level of nutrition and hydration. One person said, "They [staff] are brilliant. They do my meals for me and sometimes I don't know what I fancy so they will go and look in the fridge and come back with ideas to whet my appetite. They try to encourage me to eat properly."

One relative told us that, "Staff would inform me if they were worried about anything. They will give me feedback to keep an eye on things. For instance, if one of the care staff was worried about a [pressure sore area] they would tell me, so I can monitor it." We found that policies and procedures helped ensure that people were enabled to continue to be supported to access healthcare services. A healthcare professional told us, "They [staff] are very good at contacting us for advice as well as referring people to us." We saw that where healthcare guidance had been provided that staff adhered to this. Such as, the management of people's continence needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for applications for care in the community must be made to the Court of Protection. No applications were needed at the time of this inspection. We checked whether the service was working within the principles of the MCA.

Staff were knowledgeable about the MCA and its code of practise as well as giving people the support they needed to make an informed decision. As a result of this, people led more independent lives and they were given as much or as little encouragement about what their decisions were. For example, what to eat or what to wear. Care records showed where people's care and support was taken in their best interests this had been undertaken lawfully and agreed, such as, for medicines storage. This was to help ensure the person could not access medicines when it was not safe for them to do so.

Various means were used to support people with equipment and technology such as wheelchairs, hospital beds, life line call systems and mobility aids such as a walking frame. Staff were skilled at enabling people to access and use this technology. People benefitted as a result by being more independent.

## Is the service caring?

### Our findings

Without exception everyone we spoke with thought that staff were caring and treated people with dignity and respect. People also told us staff were receptive and listened to what their needs were and that they met these in a caring way. People who responded to our survey questionnaires confirmed that their care was as person centred as it could be. One person told us, "I am treated like a member of a big family. All the girls [staff] are so nice, kind and caring." Another said, "I am very happy with the care I am getting. They [staff] come to see me four times a week and do whatever I need. I sometimes have a bath if I feel like it."

People received care from the staff of chosen gender. Staff understood what equality meant such as, ensuring no person was treated differently or less favourably. One person told us, "I have the most amazing carers. I have a variety as they do different things for me. I can't describe how good they are doing things for me. It's as if they know me better than I know myself the way they do the little things. I can't speak highly enough. I am exceedingly happy." Another person said, "They [staff] are very caring. They never rush me which is good as I don't have a rush in me. I feel like a really well looked after lady of the manor I am waited on hand and foot." Staff told us how they sometimes needed to speak more slowly, indicate where an item was or use objects of reference to help people understand the care that they were providing.

People who had a hobby, interest or pastime were enabled to take part in these. For example, people who liked to watch their favourite film, sing a song, feed and watch the birds in the garden or go shopping were enabled to do this. During our shadowing of staff we observed how considerate they were about people's health and wellbeing. This was evidenced by staff asking if the person if they needed any pain relief and if they were warm enough. One person told us, "My [staff] are great without them I couldn't be as independent as I am. We have a good chat at times and it's [care] all very nice."

People were fully included and consulted with in the determining the content and the way their care was provided. If required, people could be supported with an advocate. Advocacy means getting support from another person to help people express their views and wishes. This was so that people's opinions could be acted upon. One person told us, "The staff always seem interested in me and what I am getting up to. I like to do a jigsaw and they will usually have a look and see if they can put a piece in." Another person said, "I have a care plan and the staff know all what's in it. They know how I like things done. For example, I like to be kept warm, so they make sure they wrap me up well after my shower. They treat me really well." A relative told us, "I speak up for [family member. I know what matters to them."

People's privacy and dignity was protected and understood by staff. One person told us, "I need help with all my personal care. I have been given the encouragement I needed but in a sensitive way. I can be comfortable." A staff member said, "I am mindful to close the person's curtains or doors. Tell them clearly what I am going to do, make sure they are happy with this and then provide the care at a pace the person is satisfied with." A relative told us that their family member was cared for in private, by staff who were compassionate and that they also had time for a chat. People were assured that they were at the centre of their care and that staff made them feel that they were important. People told us that all staff were professional. One person told us, "They are very discrete. They never over step the mark of discuss any other

clients. I think they are very loyal to the company."

## Is the service responsive?

### Our findings

People and/or their relatives contributed to the planning of their care. This included how this was to be provided in a way which people could benefit from. A relative told us, "My [family member] is fiercely independent. I don't know how they [staff] have done it. They have painstakingly and bit by bit, built up a relationship over many months with [family member who is now fully accepting of their care]." [Care] is absolutely excellent. [Family member] lives a better life as a result and now gets out of bed and goes out." We found that this person's medical condition was well managed with changes to their diet and hygiene routine. This had made a difference in improving their dignity to be able to access the community.

The provider told us in their PIR, "We ensure the service we provide is responsive by implementing a number of different methods which includes ensuring people are placed at the centre of everything we do." We found as a result of the provider's approach that a staff member with a passion for dancing had been matched with a person who used to dance. However, due to the person's dementia they could no longer remember what it was like to dance. One day whilst the person's family member was out, the staff who was providing support had made a clear area in the lounge to dance. The person had really enjoyed their favourite music and learning the jive. The family member upon their return had observed all this and said, "You have given me my wife back. Seeing her smiling and laughing again has meant the world to me even for those few special moments." The staff member told us that whenever they visited after that time the person would always remember it was time for a dance as well as breaking out into a wide smile.

Another relative had complimented the service by saying, "[Family member] had many plant pots and thank you to the staff for potting these up." The relative went on to say how much their family member would enjoy them the following spring when the tulips flowered.

A community health professional told us, "One of their [provider's] strengths is supporting couples to live together It's all very personalised and they are compassionate about people living with dementia and their partners being enabled to live fulfilling lives." Another healthcare professional told us, "People's care is very personalised. It doesn't matter what illness the person has this agency helps people to build relationships between people and its staff. They match people and staff perfectly."

The registered manager was a member of various committees and attended meetings related to dementia. Some of these committees were about developing new strategies for people living in the community such as enabling access to local authority funded services. These were offered to people who lived in the community including charitable services for dog walking and pet care and adaptations to people's homes including door ramps for wheelchairs and safety rails and in a bathroom. People confirmed to us that this support had been offered and taken up on.

One person had benefitted from the support they had received from the staff to be able to continue with their passion to be able to paint pictures. This was enabled by staff who met the person's care needs whilst enabling them to paint. This care was of both a recreational and a therapeutic benefit to the person as well as staff helping the person find an outlet for their paintings. The person told us, "They [staff] have helped me

immensely. My life is far from over and I can live it how I want to." Plans were also in place to surprise a person for a special occasion. This was by providing extra staff to support the person attend this occasion which was to be a special surprise. Another person said, "The staff know all of my family and they know I used to work in a girly environment and am now surrounded by [male family members]. They [staff] don't stop what they are doing with me but will acknowledge my family when they are around. I look forward to them coming; we have girly talk and laugh so much." This and the preceding evidence showed us that staff consistently changed people's lives for the better. This was as well as putting the necessary systems in place to make whatever changes were required to make this happen and to make huge and positive differences to people's lives.

We saw in the provider's quarterly newsletter that staff had been alerted to the risks for people in hot or cold weather. This was for a variety of reasons such as, medical conditions, any incident such as, a fall, dehydration from which people could become unwell quickly. This situation had been acted upon by staff making sure people drank plenty of fluids, opened or closed windows and turned heating off or up. This was only done where this was safe and in consideration of people's individual needs.

No complaints had been made to the service since our previous inspection but there had been according to the provider's PIR, 39 compliments. During our visit to the office we saw further examples and comments included, "It was the best thing we ever did getting [provider] because [family member] gets on so well with them."..."They [staff] couldn't have been a better match. I like them coming in to see me. They do anything I ask, so I can keep on top of things" and "I hesitate to single out anybody [staff] for particular praise" and "Such was the wonderful and sensitive service that all [staff] provided."

No person using the service was receiving end of life care. However, we found that systems were in place to help people decide if they wished to be resuscitated. This was as well as people, or their lawful representative, being asked when appropriate how they would like to spend their final days. People's cultural and religious beliefs were known by staff and taken into account when end of life discussions took place.

## Is the service well-led?

### Our findings

The registered manager was passionate about providing a consistently high standard of service and they supported a very open, trusting and positive staff culture. It was their vision that had enabled people to undertake so many and varied pastimes and hobbies. This was by seeing what people could achieve with the right support. All of the people, relatives, staff and healthcare professionals we spoke with shared this view. One staff member told us, "I have regular meetings with my manager. I can say if I need any assistance, training or support. My supervisions are informative and help me better myself."

Training and supervision had helped staff to be highly motivated and achieve their full potential. This included staff who had completed leadership qualifications in health and social care. These staff put this to excellent effect by empowering their staff team with the skills they needed to be innovative and respond to any changes in people's care. For instance, by supporting and providing advice to people on how to access the local authority services such as applying for a home adaptation. This was for people's care needs as well as seeking out every possible opportunity to enable people to have the greatest possible benefit. One person said, "They [provider] have a phone system and if the staff haven't been in touch by a certain time they will ring me to check. There has been one occasion when they were late, but they let me know."

The provider told us in their PIR, "Our service is about engaging with people, building their trust and taking the lead and so our culture is incredibly important to us." This was evidenced to us by the consistently positive theme about the implementation of the provider's visions and values. We found this theme of putting people first and foremost emerged throughout our inspection. This was also confirmed by highly praiseworthy comments from people, relatives, staff and healthcare professionals. These were, without exception, of a positive nature. This was as well as the feedback to our survey questionnaires being 100% positive for each of the five areas we inspect. This showed us that people were at the heart of the service.

Samples of all the positive comments included one person saying, "I searched long and hard for this type of care and have not been disappointed. The service was recommended to me and I have recommended them on to others. I do so far and wide." Another said, "I would give [provider] 100%, very caring lovely [staff]." A third person told us, "I am very satisfied with the service in particular with the two [staff] I have that visit me." A relative said, "I would give [provider] 10 out of 10, they are amazing and I simply could not ask them to improve anything." Another relative told us, "Best care company around, always on time, office staff are always polite and very helpful. Our care [staff] are great and always helpful to [family member] at all times." This confirmed to us that the quality of people's care was a high priority.

Staff were fully supported in their role as knew what was expected from them. The registered manager and office based staff led by example in helping every person live as fulfilling a life as possible. They did this by contacting people by telephone, during reviews of people's care at their home as well as attending staff meetings and providing care staff with regular supervision. One member of staff said, "I have been here since it [the service] started. [Name of registered manager] has been there for me every step of the way. I can ring them at any time and I know I will be fully supported." A healthcare professional had fed back to us, "Each person who comes to our service and uses the services of 'Home Instead' has said that they feel very well

supported and cared for by this agency." Another told us, "I cannot say how much I admire and respect the work [provider] undertakes in the Peterborough area. I learn from them and know they [work hard to address general issues] with care in the community." The registered manager told us and we found that they supported other organisations to understand what it was like living with dementia. On one occasion this had led to security staff in a shopping centre to help a person to get home safely. This showed us that full and meaningful consideration was given to each and every person.

The registered manager was in post at the time of the inspection and they had been so since the service was first registered in 2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. They were aware of their responsibilities in notifying us about important events and they were displaying their previous inspection rating conspicuously. The effective implementation of their responsibilities had also been evidenced in the way they encouraged staff, with training and mentoring to be as good at their job as they could be.

Staff and people we spoke with confirmed that a process was in place to observe staff's care practises through spot checks. One person told us, "I am asked if I agree to staff being monitored in my house. I even get informed if there was anything they did well or if I wanted anything changed. I have never had a need. People's personal and confidential information was held securely in the office and only shared where this was in the person's best interests or with their permission. One person said, "There is an A4 folder and it is full of everything I need. There are sheets with my care plan and medication etc. If anything happened it is all in that folder. All in one place. They are a very organised company."

Staff told us that they worked as a close knit team in supporting each other whether. This was by skilled office staff covering care calls if staff called in sick or if they were delayed due to weather. One staff member said, "I love working here. It has been a calling for me. Everyone I work with is very kind, supportive and friendly." We saw also that people's quality of care was given the highest priority. One person said, "I spoke to the [provider] about one carer, although they were very good I just couldn't get on with them. They dealt with it very well."

A healthcare professional told us that the registered manager was "always open to suggestions as well as providing feedback to help ensure people's visit to hospital was as anxiety free as possible. This was as well as helping to improve the outcome for people in having the right support with any new equipment when they returned home. This was confirmed by people and relatives we spoke with. One person said, "I was worried I wouldn't go back to [provider] but it has all been fantastic." This showed us that the provider worked well with other organisations who supported people they cared for.

We found and people or their relatives we spoke with confirmed that there were effective audit, governance and quality assurance systems in place. One person said, "They [office staff] come to check all is okay and they update the care plan. They also send out questionnaires from time to time, these of course are addressed to [relative's name]. I would help them fill it in." Other people we spoke with told us that their care staff were monitored to ensure that the care provided was to the right standard. The registered manager had instigated good cooperation with other organisations such as a charity which could look after people's pets when they were in hospital. This was to help ensure people lived the best quality of life. Various ways to continually improve the service were sought as well up to date information about care in the community being used to better people's quality of life.