

Gray Care Limited

Home Instead Senior Care, Yeovil, Sherborne, Bridport

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

Home Instead Senior Care is registered to provide personal care for people who live in their own homes. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection 5 people were receiving care in their own homes. Not everyone using this service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

This inspection took place on the 22 and 23 September 2018 and was announced. This was the first inspection of this service. We gave the service two day's notice of the inspection site visit because we needed to be sure that people who wanted to speak to us and management were available during the inspection.

People told us they felt safe and had confidence in the caregivers being able to provide the care they needed in an efficient manner. One person said, "I feel they (caregivers) know what they are doing which makes me feel safe." Another person said, "The staff are all so caring and friendly really makes the difference. It is not always easy having people coming into your home."

People and relatives spoke of the service as being "Excellent." and "Go above and beyond." and "Gone way above our expectations."

People were provided with a service that was personalised, consistent and flexible, able to respond to changing needs. Where people had specific needs around health care these had been met and staff displayed a confidence in having the skills necessary.

There was a culture where the management team and caregivers provided a service which went the extra mile to ensure people had a service which was caring and responsive.

People had an opportunity to express their views about the quality of the service through frequent reviewing of their care arrangements. One person told us how they had benefitted from being able to make changes to their care when their needs changed as part of their review.

The service was accessible to people and they told us, "You can always contact the office and get a response." and "You only have to ring the office if there is a problem and they will deal with it."

The provider and management team promoted an atmosphere and culture where employees were respected and valued. One staff member told us, "This is such a good place to work."

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.

People benefited from caregivers who had an understanding about protecting people from possible abuse.

People were supported by caregivers who had been checked to ensure they were suitable to work with vulnerable people.

People who needed assistance with medicines could be assured there were safe arrangements in place to ensure the safety and wellbeing of people who needed this support.

People had the benefit of a consistent staff providing continuity of care.

Is the service effective?

Good ●

The service was effective

People benefitted from being supported by competent and trained staff.

Staff received regular supervision and support so they could meet people's needs effectively and in a professional manner.

Is the service caring?

Good ●

The service was caring

People were supported by caregivers who were respectful and ensured people's dignity was upheld.

People benefitted from caregivers who promoted independence and individual choice.

People benefitted from caregivers who demonstrated compassion and established caring and trusting relationships.

Is the service responsive?

Good ●

The service was responsive

People benefitted from a responsive, consistent and flexible service.

People received person centred and personalised care.

People felt confident about voicing any concerns about their care arrangements.

Is the service well-led?

Good ●

The service was well led

Quality monitoring arrangement would be improved by a formalised system evidencing the service identifying and addressing any shortfalls.

People and caregivers benefitted from a supportive and well led management team.

People provided positive feedback about the quality of care they received reflective of a well led service.

Home Instead Senior Care, Yeovil, Sherborne, Bridport

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 26 and 27 September 2018 and was announced. This was the first inspection of this service. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that the registered provider would be in.

The inspection team consisted of one inspector. We used information the provider sent us in the 'Provider Information Return'. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke by phone with four relatives and accompanied by a staff member we visited four people. We spoke with four members of staff, the registered manager of the service, training and recruitment manager and the provider. We reviewed four people's care files and four staff recruitment and support records. We also looked at the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

People told us they felt safe when assisted and supported by care workers. One person told us, "I always feel safe, you can trust them that is what is important."

Caregivers (term used by the service) told us they checked people's care plans so they knew the best way to keep people safe. An on-call service was available to support caregivers at any time [including out of hours and weekends] if there were concerns about a person's welfare.

The service used a mobile app to update changes especially where there may be concerns about a person's health and welfare. It was also used to update caregivers about their work and any changes.

Checks on the suitability of caregivers were undertaken before they started their employment. The checks included obtaining a minimum of two references and DBS, [Disclosure and Barring Service] disclosure, so people were not put at unnecessary risk and ensured perspective employees were suitable to work with vulnerable people.

Caregivers told us they understood their responsibility to report any concerns about possible abuse. They were confident the registered manager would act on any concerns. One caregiver told us, "I would not hesitate in reporting anything if I was worried about someone." Another said, "I am sure the managers and owner would do something if I reported any concerns."

The service recruited caregivers based on the number of hours a person needed. For example, if a person needed 7-14 hours of support they would ensure there were three to four caregivers available to support that person. This ensured there was sufficient staff. The registered manager and provider were very clear about always being aware of the service's capacity to accept new people. They told us, "We would always make sure we can provide the care needed and would not take on work if we did not have the staff or capacity to do so."

The service was arranged so people received regular caregivers. This was confirmed by people we spoke with. One person told us, "I always get the same staff to help me." Another person said, "They are always people I know that is what is so good about them (the service)." A relative spoke of the continuity of care because of the regular team of caregivers. Caregivers told us one thing they liked about working for the service was having regular people they visited. One caregiver told us, "This means (having regular people) we can establish relationships and trust with people."

Staff managed medicines consistently and safely. Records had been completed as required to evidence accurate administration for people who required assistance with their medicines. Where one person received their medicines mixed in liquids this had been agreed with the person's GP and indicated on their prescription by a pharmacist to ensure it was safe and effective. This person's care plan provided detailed guidance and instructions as to administering medicines crushed and in liquids described as "covert". However, in this instance this was not the case in that the person has full capacity and therefore able to give

consent to have their medicines administered in this form.

Staff supporting people with medicines had received training and had their competence assessed as part of the ongoing training and observation.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People had risk assessments in relation to their health and wellbeing, moving and assisting and environment. These were integrated into the person's care plan. The service had responsibility to ensure people's homes were secure and when using keys these were stored in a secure safe. However, there were instances where specific risk assessment would ensure guidance was available to caregivers. For example, where one person was at risk of pressure wounds and another person had risks around swallowing.

Staff had a good understanding of how to alleviate risk of infection and the importance of using protective clothing. They told us protective clothing i.e. gloves and aprons were always available. One person told us their caregiver always wore protective gloves when supporting them with personal care.

Staff were aware of their responsibilities around reporting incidents. The registered manager had responded to concerns and was clear about learning from incidents and making changes as part of a lesson's learnt approach.

Is the service effective?

Our findings

People told us they were visited at home before their service had started. This was to discuss their needs as part of an initial assessment. This initial assessment identified specific needs and helped in establishing the level of support, number and length of visits.

People told us they were confident care workers had the skills necessary to support them effectively. One person told us, "I feel comfortable they (caregivers) know what they are doing." One relative described caregivers as "Very competent."

Staff told us they had received core skills training in areas such as moving and assisting, adult abuse, infection control and health and safety. Records confirmed all staff had completed what are considered "core skills" training. We were told by the training manager it was hoped to establish a dedicated team for end of life care and specific training would be provided above what was normally provided to staff. There had been no specific training around areas of disability such as Parkinson's or differing types of dementia. However, it was recognised by the provider these were areas which needed to be provided as part of training of staff.

Staff undertook a period of induction which included shadowing of other care workers. Staff undertook the Care Certificate which is a nationally recognised professional training for those in the care sector.

Ongoing support for staff was achieved through 1:1 supervision and appraisals. Staff told us they felt well supported and said they always had the opportunity for informal supervision. One caregiver told us, "It is a pleasure to work for this company. We are all very well supported and there is always someone available to have a chat if we have any issues or concerns." Another caregiver said, "We have regular meetings to talk about our work and how we are and we can go into the office at any time."

Where people were supported by care staff to eat and drink they were involved in decisions about this. This meant that any dietary, cultural or religious needs were respected. One person told us, "They help me with my meals and I am always asked what I want."

The service worked with community health professionals. As part of care plans health needs were identified and guidance was sought if people had more specialist health needs such as diabetes, care of pressure wounds and catheter care.

Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. People told us staff always sought their consent prior to providing support.

All organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can

communicate effectively. The registered manager ensured people were provided with information in ways they understood, such as large print to support people to tell staff about their needs and wishes and be involved in planning their care.

Is the service caring?

Our findings

People spoke of being supported by caring, friendly and respectful caregivers. One person told us, "I am always treated with respect." Another person said, "The carers are excellent they really are. They always listen to me and respect my wishes."

People spoke with affection of the caregivers who supported them. One person said, "They are all so friendly and like a friend." A relative told us, "The carers all have a caring nature, we are really happy with them." Another relative said, "The (caregivers) are so kind, we trust them and they have a compassionate manner."

People spoke of being encouraged to maintain their independence. One person said, "They (caregivers) are very good they make sure I do what I can for myself, helps me keep my independence." A caregiver told us, "We always try and make sure people make decisions for themselves we are there to help when it is needed."

One relative spoke of how staff "Go above and beyond" being prepared to spend extra time if the person was unwell, always being available even when off duty. They told us, "They have gone way above our expectations. So supportive to us and caring."

People told us they were always treated with respect. One person said, "They are very respectful especially when helping me wash and bath." Caregivers spoke of how they ensured people's dignity was respected especially when supporting people with personal care. One caregiver said, "I always use a towel and make sure people are covered when giving a wash. It is a very personal thing."

Is the service responsive?

Our findings

All the people and their relatives told us they felt their care was personalised, flexible and they were listened to and felt fully involved in their care arrangements. One person said, "I can call them at the office if I need to change anything. I receive a note every week about who is coming that week." Comments from relatives included, "They are very responsive and will always let me know if there are any concerns. Always kept me fully informed." Another relative told us of an incident with their relative. "I rang the office because I could not get there to deal with it. They were very responsive and got there in half an hour to sort it out. Could not have asked for more."

Detailed care plans were in place that included a client profile, a background to people's health conditions and what they wanted to achieve. They gave an overview of the person for the care worker, including personal histories and interests and if any relatives were involved in their care and support. They identified the areas of support needed which included people's mobility, personal care, nutrition and hydration, activities and exercise and any cognitive impairment. People's daily routines were highlighted and information for care workers about the care and support to be provided.

Care plans were person centred and highlighted people's preferences about how they wanted to be cared for. They reflected people's needs around culture, religion and specific needs around disability. They included information about people's preferences. One person told us their preference for only having female caregivers had been respected.

As part of providing a personalised service, caregivers were matched as far as possible to the person. Caregivers provided a person profile setting out their interest, family etc. These were used to help in the matching process. One comment received from a relative said, ""The management team have carefully and successfully found carers who are compatible with (relative)."

There was a review system in place which ensured care plans and care provided reflected accurately the needs of the person. People we spoke with confirmed they had met with the management and discussed their care arrangements. One person said, "I told them how it was going. I wanted some changes and this was done." Another person whose needs had changed over time had been reviewed on a regular basis to ensure they were still receiving the care they needed. They told us, "As I have improved my care has changed but I still get what I need."

People were aware they could make a complaint if they wished and knew there was a complaints procedure. One person told us, "I just ring the office and they deal with it, do not need to make a complaint every time." Another person said, "You do not need to complain just have chat with the manager and they will do what you ask, very good like that." There had been no complaints made to the service.

The service provided end of life care and was in the process of identifying a team of caregivers who would provide this service. At the time of this inspection one person was receiving end of life care. The service had worked closely with palliative care and community nurses to support this person. Staff we spoke with were

very sensitive to the changing need of this person. The manager had made significant efforts to establish trust to ensure care being provided met the person's changing needs. The person told us how they felt the care was very good and caregivers very supportive. The service had a very responsive and demonstrated a flexible approach to meeting this person's care needs. Their relative told us, "We cannot tell you how incredible grateful we are they have been absolutely outstanding."

Is the service well-led?

Our findings

People and staff spoke positively about the supportive, approachable management. One person told us, "I have spoken to the manager and they have always listened and been very helpful." Another person said, "All the people in the office are very good, you just ring up and there is always someone there and they always deal with it." A caregiver said, "All the management team are very good, they listen to what you have to say." Another caregiver said, "We all work as a team including the management. No complaints with them at all."

There were arrangements in place to monitor the quality of the service through questionnaires and the use of reviews which provided feedback from people about their care. However, there were no formal auditing of care arrangements and quality of the service. For example, people receiving their reviews at the agreed frequency (after 24 hours, 4 weekly), identifying any shortfalls in training or 1:1 supervision. We discussed this with the provider who recognised a more formalised system would identify clearly any areas for improvement and where shortfalls had been addressed as part of improving the quality of the service. We note this did not impact on the care people received.

Following the inspection we were provided with additional information. This addressed the need for more formalised quality monitoring of the service. Included in this information were weekly and monthly reporting on areas such as client reviews completed, medicines errors and actions required to ensure consistency in the arrangements for the delivering of a quality service.

Staff felt supported by the registered manager and management team. They were motivated about their roles and shared the provider's vision of a good quality service. An experienced member of staff was always available to provide the support and guidance staff needed, including outside of office hours. Records in respect of each person were accurate, complete and stored securely.

The provider told us how they organised regular coffee mornings and team meetings. The coffee mornings were an opportunity for caregivers to get to know one another in an relaxed and informal way rather than a more formal meeting. The provider had done talks on dementia awareness and the dementia friends scheme on behalf of the Alzheimer's Society. The aim being to become a dementia champion in the area.

The service had been placed in the top 20 care providers in the south west as part of a national award scheme. This was based on independent reviews and feedback from people and relatives. Some of the comments included the following:

"I was impressed by the care and concern that was shown to me. (Relative) is delighted with the service and this gives me piece of mind knowing she is in safe hands."

"A thoroughly pleasant experience and a company I would recommend."

"We were given what we needed efficiently and with an appropriate understanding of our needs. From our initial enquiry to the first care session took a matter of days and the process felt easy and stress-free."

"They always provide consistent carers. They have impressed us with their real desire to support and care and their flexible and relaxed attitude."

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or unexpected death in the person's home. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.