Hamble Valley Care Limited

Home Instead Senior Care - Fareham and Gosport

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

The inspection started on 19 November 2015. We gave notice of our intention to visit Home Instead Senior Care – Fareham and Gosport to make sure people we needed to speak to were available. We completed the inspection in July and August 2016 by speaking to people who used the service and staff by telephone. We have been in contact with the provider with regard to the extended timescales. The provider co-operated fully with our approach to this inspection and supplied all information we requested in a timely fashion

Home Instead Senior Care – Fareham and Gosport provides personal care services to people in their own homes who may be living with mental health needs, a physical disability or sensory impairment. At the time of our inspection there were 27 people receiving personal care and support from the service. The support given to people ranged from 22 hours a day to two calls a week.

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

The provider made sure staff knew about the risks of abuse and avoidable harm and had suitable processes in place if staff needed to report concerns. The provider identified, assessed, managed and reduced other risks to people's health and wellbeing. There were enough staff to support people safely according to their needs. Robust recruitment procedures were in place to make sure staff were suitable to work in a care setting. Procedures and processes were in place to make sure medicines were handled safely.

Staff received support to obtain and maintain the skills and knowledge they required to support people according to their needs through induction, ongoing training, and supervision. Arrangements were in place to record people's consent to their care and support. Staff were aware of legal requirements where people lacked capacity to consent. Staff advised and supported people to eat and drink healthily and worked with other healthcare services when needed.

People's feedback on the service they received was all good. One person's comment included, "If you were to think about what the perfect care would look like, the sort of care you wish you could provide for your loved ones, that's exactly what you get from Home Instead." People appreciated that they were supported by teams of care workers who were prepared and briefed thoroughly and encouraged to build caring relationships with people they supported. Staff were matched with individual people and introduced to them before they started to work with them, which helped them establish relationships quickly. Staff supported people to work towards their goals and aspirations. People had support when they needed it, and were supported to be as independent as possible. The service responded quickly to requests for additional support. Staff were encouraged to care for people as they would their own family. People were able to influence the care and support they received, and staff put people's needs and preferences at the centre of the service. The service was aware of issues that could cause anxiety, such as financial abuse and

late calls, and had put exceptional processes in place to manage these.

Staff provided care and support that was individual to the person, reflected their preferences and met their needs. Care and support were based on detailed plans which were reviewed regularly.

There was an open and empowering culture. The registered manager applied effective management systems which combined informal and formal methods of communicating with staff. The registered manager was available and approachable. Systems were in place to monitor and improve the quality of service provided.

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 were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

People were supported by sufficient staff who were checked for their suitability to work in a care setting.

Procedures were in place to manage people's medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the necessary skills and knowledge.

People understood and consented to their care and support.

Where people were supported with eating and drinking, they were encouraged to maintain a healthy diet.

Is the service caring?

Good

The service was caring.

Feedback about the service from people and care workers was positive and there was a family ethos to how care was delivered.

People were able to develop caring and friendly relationships with their care workers, which was promoted through a tailored process of matching staff to people.

People were involved in decisions about their care and could influence the service they received. People were given information about other services from other agencies they could access.

People's independence and privacy were promoted and they were treated with respect. This included a personalised process to keep people up to date with any changes to their scheduled

calls.

Is the service responsive?

Good

The service was responsive.

People's care and support were assessed, planned and delivered to meet their needs.

The service had a complaints procedure but people had not had cause to use it.

Is the service well-led?

Good

The service was well led.

There was an open, empowering culture which focused on people's individual needs.

Staff were motivated to provide support to the required standard.

There were effective systems in place to manage the service and to make sure high quality care was delivered.

Home Instead Senior Care - Fareham and Gosport

Detailed findings

Background to this inspection

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

The inspection started on 19 November 2015 and completed in July and August 2016. We gave notice of our intention to visit Home Instead Senior Care – Fareham and Gosport to make sure people we needed to speak to were available. The provider supplied all the information we requested in a timely fashion. One inspector carried out the inspection.

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 this before the inspection.

We spoke by telephone with five people who used the service, or their family members. We spoke with the registered manager, and four care workers.

We looked at care plans and associated records of three people. We reviewed other records relating to the management of the service, including risk assessments, quality survey records, training records, policies, procedures, meeting records, the staff manual and two staff records.

Good

Is the service safe?

Our findings

People told us they felt safe while their care workers supported them, and their care workers took positive steps to keep them safe. One person said, "Certainly. They are very careful", and another person said, "I could not fault them in that respect."

The provider supported staff to protect people against avoidable harm and abuse. Care workers were informed about the types of abuse and signs to look out for. They were aware of the provider's procedures for reporting concerns about people. Care workers told us they were confident any concerns raised would be investigated and handled properly. They were aware of contacts they could go to outside the organisation if they considered their concerns were not being handled in a timely, appropriate fashion. They had all received training in the safeguarding of adults. The provider's induction training included a module specifically on the risks to older people of financial abuse.

The provider's policies and procedures for safeguarding were included in their "Care Givers' Manual". It included definitions of the types of abuse and guidance on how to report concerns. The registered manager told us messages about safeguarding were reinforced in team meetings. People's care plans emphasised that care workers should report any concerns about people's health or welfare. The local authority's manual on safeguarding was available to all staff.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with the person's physical health, moving and positioning needs, their home environment, and eating and drinking. There were documented strategies for managing and reducing the risks identified, and actions for staff to take in response to the risks were included in people's care and support plans.

Risk assessments were individual to the person and tailored to their needs. One person had risks associated with eating and drinking. Their care plans contained guidance on portion size to avoid the risk of choking, and equipment such as plate guards and adapted cutlery to maintain their independence.

Where care workers used equipment to support a person to move and reposition themselves, there was guidance on how they should protect the person's skin and avoid the risk of causing pain to their joints. Where appropriate, guidance was included to reduce the risk of a person acquiring pressure injuries. Care workers' induction included a review of the person's risk assessments, supplemented by an individual briefing before they spent time shadowing colleagues who were familiar with the person and their needs.

There were sufficient staff to support people according to their needs and keep them safe. The registered manager told us they recruited with a view to assigning new staff to an identified person. They formed small teams of care workers who were assigned to each person. This provided continuity for the person who knew all the care workers who supported them, and resilience when assigning care workers to the rota. People told us they appreciated that they could form relationships with the care workers in their team. One person said, "I know who is going to turn up and when they are going to turn up."

The registered manager described a robust recruitment process designed to make sure successful candidates were suitable to work in a care setting. Records showed the provider made the necessary checks before staff started work, including identification, evidence of satisfactory conduct from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

Records of interviews showed they followed a common format with standard questions, and included scenarios intended to show candidates' suitability and skills in areas such as ageing, safety and building relationships. The provider required three professional and three personal references. The registered manager told us the personal references helped them decide if candidates were likely to show characteristics of caring and empathy when building relationships with people. New care workers had a four day induction, a briefing about the person they would be supporting and a period of shadowing experienced colleagues before they were able to support the person on their own.

Processes and procedures were in place to make sure people's medicines were handled safely, where their care plans included support to take their medicines. These plans made clear the level of support care workers were required to give. Care workers who supported people with medicines were trained and their competence was assessed.

Medicine records were checked twice as part of the provider's weekly quality assurance process. Care workers assisted people with prescribed medicines only. Where medicines were prescribed to be taken "as required" there was guidance on how and when to support people with these medicines and how to record them.

Good

Is the service effective?

Our findings

People and their family members were satisfied staff had the necessary skills and knowledge to support them and made sure people consented to their care and support. People had seen new care workers shadowing experienced colleagues. One person said, "I cannot fault them." Written feedback from people described care workers as "professional" and "efficient", and referred to their "professionalism and high standard of care". Another person had commented, "Carers always go out of their way to ensure they meet my needs. They also often come up with good ideas for my diet and wellbeing but leave me to make final decisions."

There was a programme of training and support for staff which was monitored by the registered manager. Initial training included modules on the ageing process, safety, building relationships, moving and handling, and an introduction to dementia. The initial training was based on the Care Certificate, which has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. Established care workers had the opportunity to refresh this training if they had completed their initial training before the Care Certificate.

Following the initial training there was a timetable of support for new care workers in their first three months. This included an orientation meeting with the provider's care operations manager on completion of the training, follow up calls with a care coordinator after completion of shadowing calls, and sign off for lone working by the care operations manager. This was followed by a debrief after the care worker's first call with a person, and a formal supervision meeting after six weeks. These debriefs and supervisions took into account feedback from colleagues the care worker had worked with on shadow calls.

Care workers received a formal briefing before they started work with a new person. This covered the person's background, their care needs and how these were to be met, identified risks, medication needs, health conditions, such as diabetes or dementia, and the person's history with the provider. Care workers signed to show they had received this briefing.

Initial training included dementia awareness, mental capacity, safeguarding adults and protecting people from financial fraud. Care workers had individual professional development plans which included training tailored to the needs of the person they supported. This included training in foot care, mouth care, catheter care, and recognition of pressure injuries. Moving and positioning training was specific to the equipment installed to support that person and to their home setting where the equipment was installed. This meant staff were more confident and people felt safer because staff were trained on the actual equipment used. Staff were encouraged to work towards relevant qualifications and to undertake distance learning both with a local college and a national supplier.

The registered manager maintained records of training completed, supervisions and spot checks. Care workers told us they found the training and support prepared them adequately to support people according to their needs. Comments in staff feedback on training included: "I thought that my induction training was excellent as I am new to being a carer and the training gave me the confidence to go out and start caring for

clients," and "After I had finished my training I felt empowered and confident to go out and meet my clients which can only be down to the excellent training and encouragement I was given."

The registered manager and care workers were aware of the Mental Capacity Act 2005 and its associated code of practice. 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 the least restrictive possible. People had signed consent forms to record their agreement to their support plans, including those relating to their personal finances and medicines. Consent records were also in place to show people agreed to staff holding keys and coming into their homes.

Records showed people were able to participate in the development of their care plans and were able to confirm they consented to their plans by signing the relevant record. These included their service agreement, medication plan, consent to the sharing of information and use of a key safe where appropriate. Where a person had nominated a family member to have lasting power of attorney, this was noted in their care plan. Staff assumed people had capacity, and recognised people should be able to make decisions staff did not necessarily agree with. Staff were aware capacity decisions should be specific to a single decision, and that family members and others should be involved in best interests decisions. One person's care plan noted they had capacity for day to day decisions but anticipated they might need to be supported by best interests decisions if their capacity changed in the future.

Where care workers supported people to eat and drink, this was done in a way that respected their preferences and helped them to maintain a healthy diet. One person had a two week meal plan which catered for their preferences and included healthy options. Where records were kept of food and fluid intake, these included a daily target intake and were completed and totalled to show whether the daily target had been met.

Records showed the service worked in cooperation with other healthcare professionals such as district nurses, community mental health nurses and occupational therapists.

Good

Is the service caring?

Our findings

There were caring relationships between people and their care workers. One person told us, "They are undoubtedly caring people. I have three individual carers. They are all equally good." Another person described their care workers as "extremely good girls", who "will put themselves out for you."

Written feedback from people included reference to the "great effort made to match dedicated care givers" to the person. It also included, "Our team have very much become friends, and have integrated into our home life beautifully - taking away the feeling of having strangers in our home." Another person had sent in a thank you card which described their care workers as "friends who come in to see me twice a day". A third person had commented, "From my first phone call to meeting [Name] and [Name] and then [Name] and [Name] they were all very professional and interested in my needs. They were all so kind and friendly and nothing was too much for them to do." A fourth comment included, "Excellent office staff. Friendly, helpful, respectful, understanding, supportive - what more can I say!"

The registered manager told us they looked for signs of compassion, empathy and ability to build relationships when recruiting new staff. They took into account experiences of caring for family members, evidence of caring qualities at interview and personal references when coming to an opinion if a candidate would be able to fit in with the person they had in mind. The manager said they prioritised these personal qualities, and would take on and train candidates with no experience in the adult social care sector if they demonstrated caring qualities. Interview notes showed there were questions and scenarios intended to identify caring and compassionate qualities.

The registered manager told us they recruited new staff with specific people in mind in order to match staff with the people they would support. In addition to an individual briefing, staff were introduced to the person before they started to support them. The person had the opportunity to request support from a different care worker if they wished. No care worker called on a person they had not been introduced to. This made it more likely they would be able to develop caring relationships with people they supported.

People were listened to and were able to participate in decisions affecting their care and support. People and those close to them were involved in developing their care plans. Plans were written so that care workers could take into account changes in people's wishes and preferences. Plan reviews included people's care worker teams as well as people close to them. Care workers and people worked to shared objectives as defined in people's plans, and could take initiatives such as organising excursions based on what they knew about a person's interests.

The service was aware of people's anxieties, particularly where the late arrival of care workers could be a problem. They amended call rotas so that people could build relationships with new care workers quickly, and organised calls with recurring patterns so that people knew which care workers to expect. People told us there were very rare examples of care workers being more than a few minutes late. The service had in place an automatic call monitoring system which alerted the duty manager if a care worker was more than ten minutes late registering their attendance at a scheduled call. Procedures were in place for the duty

manager to contact the person, reassure them and stay in touch with them until a care worker arrived for the call. The service was proactive in making arrangements to avoid anxiety caused by late calls. One person's written feedback about their service included, "Whenever there is a change to the schedule I am informed immediately."

The service responded to people's needs and circumstances by providing them and their families with relevant information. This included information about funeral planning, care funding and financial planning. Information about local facilities such as a lunch club, a memory café and support groups was collected and passed on to people.

People's privacy, independence and dignity were respected. Care workers gave us examples how they did this. One care worker described how they helped a person to prepare their own meal which helped to maintain their independence and dignity. Care plans also included information about areas where people did not require support, for instance if people were able to take responsibility for their own medicines. Where people reviewed the service they received on a social care web site, they consistently scored the service as "excellent" in the category "treated with dignity".

Comments on the review web site included: "The services and carers provided are beyond anything I have ever experienced from other agencies over the three years that my parents have needed support," and "They have been professional, efficient and compassionate. The managerial department are constantly in touch and have succeeded in fulfilling everything they promise. The carers are well trained, friendly and punctual. We regard them as almost one of the family."

Care workers we spoke with did not support people who had specific needs or preferences arising from their religious or cultural background. However the provider's training included information about equality and diversity, which meant staff were aware of issues that might arise in this area.

Good

Is the service responsive?

Our findings

People were very satisfied their care and support met their needs and reflected their preferences. One person said, "They will do anything that you can think before you need to ask." Another person said, "I cannot rate them highly enough. I know who is coming and the time they are coming." A third person told us, "They come in, do the job, and that is enough for me." And a fourth person said, "They will do whatever you ask." Written feedback included the comment, "The carers and office staff are always efficient and on hand to answer and sort out everything immediately. I cannot fault anything after almost a year of their services."

People's care was delivered according to plans based on assessments of their needs. The registered manager told us they took into account both the availability of sufficient numbers of staff and their capacity to support the person when assessing if the service could take on the support of a new person. This meant people were supported by the service only if staff had the necessary skills, experience and could be matched to the person. Care plans included information about different aspects of people's care such as eating and drinking, exercise routines, respect, and dignity. The plans took into account people's preferences and showed how the person liked to be supported. There was background information about people's individual conditions, and specific instructions where medical equipment was in use.

Before support to people started, the provider held briefings for the care workers with people and their family members. This allowed people and their families to meet their care team, and share information on care issues, concerns, preferences and how care and support should be delivered. This encouraged a collaborative approach to providing responsive care and support.

Care plans were written in a way that identified people's goals and aspirations. They identified people's "expressed needs", that is specific needs, for example in relation to preparing meals or supporting clients with medication. They were also written in a way that allowed care workers and people to meet "unexpressed needs". This allowed more flexibility in adapting support from call to call, for instance to spend time in the garden with people although this was not explicit in their care plan. Other care workers had taken people on a trip based on their knowledge about the person's favourite author, and made contact with a local sporting club. The registered manager described care plans as an "enabling framework for care and support" which allowed care workers to use their initiative, be proactive and not limited to a prescriptive list of tasks to perform.

Care plans were reviewed regularly and amended as necessary, for instance after a person had a spell in hospital and their care needs changed as a result. The service responded to another person's changing needs by increasing their level of support from 2.5 hours to 22 hours a day with 48 hours' notice. Another person had an additional three hours' night time support at 30 minutes notice. The service arranged end of life care for a person with 90 minutes' notice so they could be cared for at home and not in hospital. The service responded quickly to people's changing needs.

People and those close to them were involved in care plan reviews. One person's care plan review included

the comment "[Name's] care is working better than it ever has in the past. His carers show a genuine desire to deliver a high standard of personalised care and, indeed, do deliver." Other comments on people's care plan reviews included, "They know what we are trying to achieve" and, "They never miss a call."

The registered manager had developed a process for reviewing the care of people with complex needs based on their experience with one person. These were carried out with the person, their entire care team, their advocate, partner and family members where appropriate. The process allowed people to give direct feedback to their care workers, and allowed care workers to learn from each other about particular approaches to delivering care and support. Changes to people's care could be made responsively and quickly where needed.

Care records included signed briefing forms which showed all care workers were made aware of the person's needs and preferences. Care delivered was recorded on daily logs and medicines records which were checked and audited weekly. Daily logs also showed where people's family members had supported them, for instance if they needed skin creams after their shower. This meant incoming care workers were aware of all the support that had been given.

The provider had a complaints process which was made available to people along with other information they received about their service. People told us they knew it was there, but had not needed to use it. The registered manager told us most concerns raised with them arose from compatibility problems between people and their assigned care workers which they could resolve quickly. They were keen to keep on top of minor concerns to prevent them becoming complaints.

When people sent compliments and thank you cards, these were shared with the relevant care workers before being filed. This meant care workers were aware when their contribution to people's care was recognised.

Good

Is the service well-led?

Our findings

People told us they found the service was responsive and open. Most people had little need to contact the office but found communication was good when they did. One person said, "They are well set up." Another person found the office staff "responsive, helpful and polite". A third person said, "The management is very good."

The registered manager had a clear vision for the service which was to be recognised as the local provider of choice and the employer of choice. They planned to achieve this by putting quality of care at the heart of their business. They communicated this to care workers, especially during induction training, as the "Mum Test". This principle, which reflects CQC's own ethos, meant that it was impressed upon care workers that they should deliver care and support of the standard they would provide to their own mother.

The registered manager had contacts with local organisations concerned with helping people to live well with dementia, which helped them to design appropriate personalised care packages for people living with dementia. They were an ambassador for the local dementia action alliance and chair of the local dementia action group, organisations whose aims are to raise awareness about dementia, help to make the local communities more dementia friendly and direct people to relevant services. The registered manager worked with the charity Age Concern to establish a memory café where staff members volunteered as well. The registered manager was an Alzheimer's Society Dementia Friends Champion. Training in dementia awareness provided to staff during their induction led to their qualification as Dementia Friends.

Care workers told us they found the registered manager's management system to be effective. There were informal opportunities for two way communication with care workers by means of "coffee and cake" sessions in the office, as well as more formal team meetings. The registered manager told us they had established an open culture and the office was "there to help people do their job". There were various opportunities to recognise care worker performance. These included a "care giver of the quarter" award, certificates of appreciation for special service to a person and letters of appreciation from the directors of the business. The service also held an "annual summer family day" for all care workers and their families.

The registered manager's management team comprised a care operations manager, recruitment and training manager, and a client relationship manager. The care operations manager had a care coordinator and two senior care workers who published support rotas, and carried out competency checks, and auditing of daily logs and medicine records. The management structure was the result of the registered manager's early experiences running a home care service and advice from an external consultant. The management team were qualified health and social care professionals. They all held, or were working towards, a level five qualification in management in health and social care.

The registered manager had a programme of weekly and daily meetings with their senior team. They kept records of these meetings and maintained a rolling action plan to make sure that items raised were followed up.

Systems were in place to monitor and improve the quality of care provided. These included formal sign off that care workers were trained, prepared and briefed to support the people they were assigned to. There were regular spot checks, audits of daily care logs and other records, and supervisions to monitor care worker performance. The client relationship manager had the responsibility to oversee the quality assurance processes. These included phone calls or visits to people within 24 hours of their first support visit, and then after two weeks, six weeks, three months, six months, nine months and 12 months. This provided opportunities for regular feedback on the service and care workers' performance.

The provider had commissioned satisfaction surveys of both people using the service and staff. The survey of people who used the service covered areas such as the overall quality of the service, how well care workers were matched to their needs, timeliness, and office communications. The percentage of favourable responses in a total of nine categories ranged from 89% to 100%.

The staff survey covered areas such as training, support and development, leadership and rewards and recognition. Favourable responses in these categories ranged from 86% to 97%. Questions about whether staff would recommend the provider's services and whether they understood how their work contributed towards the provider's goals had 100% favourable responses. Comments in the staff survey included, "I feel the people I work for are good at what they do and truly care about our clients as well as all their staff," and, "We are reminded regularly that if there is anything we need extra training with, we only have to ask."

The provider also encouraged people to post reviews and recommendations on a social care web site. There were 19 reviews on this site. They gave the service an average score of 10/10. Comments left on the web site by people included: "Everything is absolutely excellent" and "Their help is invaluable and their time keeping is impeccable."