

SDS CARE Limited

Home Instead Senior Care Rugby

Inspection report

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Date of inspection visit:

18 January 2019

21 January 2019

22 January 2019

23 January 2019

24 January 2019

Date of publication:

14 March 2019

Ratings

| | |
|---------------------------------|---|
| Overall rating for this service | Outstanding  |
| Is the service safe? | Good  |
| Is the service effective? | Outstanding  |
| Is the service caring? | Outstanding  |
| Is the service responsive? | Good  |
| Is the service well-led? | Outstanding  |

Summary of findings

Overall summary

About the service: Home Instead Senior Care Rugby is a domiciliary care service that was providing personal care to 39 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- People continued to benefit from an outstanding effective and well-led service providing outstanding care.
- The feedback from people and their families was overwhelmingly positive with a consistent theme that people felt cared for and this was more than just a job to the staff.
- People were at the heart of everything. Their packages of care were bespoke and staff went the 'extra mile' to ensure people remained safely in their own homes and in control of their lives.
- People were treated as individuals and were valued and respected. The staff ensured that people's privacy and dignity was protected and spent time getting to know people.
- Staff received exceptional training and the provider continually looked at new and innovative training methods to support staff. The staff took part in regular supervision and were valued for their individuality and what they could bring to deliver high quality care.
- The provider led by example and ensured staff appointed shared their ethos of providing good quality of care, passing the 'mum test'; is the care given good enough for my relative? They actively sought feedback from people, their families and staff to continually look at ways to improve the service and were receptive to ideas and suggestions. The service had received recognition for their outstanding care.
- The systems in place to monitor the quality and performance of the service were highly effective and the provider was quick to address any shortfalls identified.
- People could be assured that they were cared for by a well-motivated staff team who were well managed.

More information in Detailed findings below.

Rating at last inspection: Outstanding (report published 28 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Outstanding. At this inspection we found the service had remained overall outstanding improving its rating to outstanding in caring in addition to effective and well-led.

Follow up: We will continue to monitor the service through the information we receive until we return to

visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Outstanding.

Details are in our Effective findings below.

Outstanding ☆

Is the service caring?

The service had improved to Outstanding.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service had remained Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains Outstanding.

Details are in our Well-Led findings below.

Outstanding ☆

Home Instead Senior Care Rugby

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance their area of expertise was caring and supporting a family member living with dementia.

Service and service type:

Home Instead Senior Care Rugby is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using the service receives regulated activity; the Care Quality Commission (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.

The provider was also the manager registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to ensure there was someone available to facilitate the inspection and to inform the people using the service of the inspection.

Inspection site visit activity started on 18 January and ended on 24 January 2019. We visited the office location on 18 and 21 January to see the provider and office staff; and to review care records and policies and procedures. We visited people and contacted people and staff via telephone on 21,22,23 and 24 January. We also contacted other social care agencies who worked with the service.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sent out questionnaires to people using the service and to staff to gather their feedback and considered the last inspection report.

During the inspection, we spoke with 11 people who used the service and eight relatives. We also had discussions with 13 members of staff that included eight care givers, the care scheduler, the training officer, the HR and compliance officer, the care manager, and the provider.

We looked at the care records of four people who used the service, we undertook a tour of the office premises and observed information on display around the service such as information about safeguarding, training and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People continued to be safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People had developed trusting relationships with staff and felt comfortable with the staff that supported them. One person said, "I have never felt threatened and if I did I would ring the office."
- Staff knew how to protect people from abuse and were confident that if they reported any concerns to the provider they would take the appropriate action. One member of staff said, "[Care manager] is very good, if I had any concerns I would speak to them."
- The provider had reported any concerns about abuse to the local authority and there was an up to date safeguarding procedure in place for staff to follow.

Assessing risk, safety monitoring and management

- People's risks had been assessed and plans were in place to manage risks. For example, we saw that one person was at a high risk of falling, the service had liaised with the Falls team and equipment was put in place to help the person to remain as independent and safe as possible.
- Staff reported any changes to people's safety and any action taken was recorded and communicated to staff. One relative said, "The staff continuously check things are safe, if they see anything that might cause a difficulty for [relative]. They talk to me. ... it might just be a magazine I've dropped. They make sure there is nothing to trip over."

Staffing and recruitment

- Staff recruitment processes protected people from being cared for by unsuitable staff. There were sufficient staff to provide consistent safe care and support to meet the needs of the people.
- People told us they had the same care staff and they always arrived on time and stayed for the agreed time.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff had completed training to ensure they were up to date with the most recent infection control guidance to keep people safe.
- 'Support' visits were made to observe staff and check they followed infection control practices.
- Staff told us they had the appropriate personal protective equipment available to support people safely and people confirmed this.

Learning lessons when things go wrong

- The service understood how to record and report incidents, and used information to make improvements when necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Outstanding: People's outcomes continued to be consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People overwhelmingly told us that staff were exceptionally well trained and knew what to do. One person said, "I think they [staff] are very competent. I've never had one that hasn't known what to do or how to do it." A relative said, "I think the staff are definitely trained well. [Relative] is confident and at ease with them. ... they handle them professionally."
- People continued to be supported by staff who applied learning effectively in line with best practice, which led to very good outcomes and supported a good quality of life. For example when supporting someone with a life limiting condition the staff knew to focus on what the person could do and adapt their support when the person's condition deteriorated, which enabled the person to remain as independent as possible.
- Staff were highly motivated and were continuously encouraged to develop their skills and undertake further training and qualifications. One member of staff said, "If I don't know something I will do some research so I have a better understanding of a person's condition and how I can best help them."
- New innovative training to enhance staff skills and knowledge was sourced to add to an already comprehensive programme of training. For example, virtual reality training in Frailty, putting staff in the shoes of people with poor memory, sight and mobility.
- Staff were well supported through regular supervisions, appraisals and 'support visits' which focussed on their practical skills and enabled the provider to identify any individual training needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed and their diverse needs considered to deliver the desired outcomes in the way they wished.
- People were listened to and felt in control of their care. One person said, 'If I want to have them do something different I just have to ask.' A relative said, "I feel we're involved all the time. I can't imagine them making a decision without discussing with me."
- New technology had been introduced which enhanced the ability for people, relatives, staff and managers to communicate any changes in care quickly and effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and help was available if they needed help in preparing meals.
- Staff understood the importance of ensuring people ate and drank sufficiently to remain nourished and hydrated. One relative said, "I am happy for the staff to sit and eat with [relative] to keep them engaged and focussed on eating and making mealtimes more social."
- A monthly newsletter to people gave advice on nutritional recipes.

Staff working with other agencies to provide consistent, effective, timely care

- People told us staff helped them to get the right support from different health professionals. One relative said, "The staff are so supportive and they seem to communicate well with everyone... they have made sure I'm in touch with the OT (Occupational Therapist) ... they have encouraged me to be in contact with a physiotherapist too."
- We saw from care records District Nurses were involved with people's care. We heard the care manager liaising with a GP practice on behalf of a person.
- The provider offered free training to agencies and families around dementia care, manual handling and safeguarding. A representative from one agency told us the provider had discussed with them prior to delivering any training the needs and outcome they sought from the training. The training was tailored made and the response from the people who attended was overwhelmingly positive; people left feeling their knowledge and understanding had greatly improved.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services and to follow advice and guidance given. For example, one person was being supported to stop gaining weight to help improve their overall health condition, the staff took the person to the gym, out for walks and helped them to plan healthier meal choices. This had a huge impact by minimising the person's weight gain.

Ensuring consent to care and treatment in line with law and guidance

- People told us that they had been asked for their consent to care and support; records showed consent had been sought. One person said, "The staff always ask if they can begin something.. they don't take it for granted."
- 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.
- 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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit we found the service was working in line with the principles of the MCA 2005.

Adapting service, design, decoration to meet people's needs

- New technology in people's home had been trialled which helped people to stay safe without losing their independence. Home sensors alerted the service when no movement in the home was detected. This helped to keep people safe but did not intrude on their privacy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- Without exception people described to us how kind and caring the staff were. One person said, "They [staff] are wonderful, so kind." A relative said, "They're very nice, they really are. They have a little chat with me as well as [relative]... they make me a cup of tea as well as [relative] ... it's thoughtful as well as caring."
- Staff were enthusiastic and spoke fondly of the people they cared for. One member of staff described how a person living with dementia 'time travelled', they explained how they were able to allay their anxieties as they came back to the present day. The virtual training the staff undertook gave them a greater insight into people's conditions and how they saw and experienced things enabling them to provide the most effective support.
- We read a comment from a health professional, 'Of all the care companies I come across, Home instead is the best.'
- Highly motivated and inspired staff provided care that was kind and exceptionally passionate. For example, one staff member arranged for one person to go to a safari park. The person was not able to go out much but had talked to the staff member about their trips out with their late partner following watching an advert on the television about the safari park. The staff member took photographs of their visit and had them printed for the person. The person was so thankful and enjoyed sharing their memories of the day with their family and other care staff.
- Care and compassion was readily extended to families. Families commented how very much they felt the care staff were there for them too. We read one comment from a relative following their loved-one being admitted to hospital whilst they were away, the care staff had gone with the person as they went to hospital and were there to take them home, 'I have no idea what we'd have done without everyone going more than the extra mile to make sure [relative] was okay. I've just spoken to them and they said how happy they were to see [name of care staff] at the hospital to take them home. I thank you again, over the last 24 hours I've felt like [relative] was your first priority – no mean feat with all the other clients you have to look after, so very much appreciated.'
- Staff focussed on building open and honest relationships with people and their families. The staff recruitment process was valued based which ensured the provider recruited the best care staff to be matched to people's preferences, needs, personality and cultural backgrounds.
- Staff developed positive relationships. One person said, "They've [manager] got it spot on... I get on with all of them [staff] ... we've got to know each other." A relative said, "That's one of the things that has impressed me most... I don't know how they managed it... I needed someone who could make [relative] laugh ... I can hear laughter from the bedroom now... it's worked." A person whose first language was not English had been matched with member of staff who spoke the same language. The staff member commented, 'I can

see the positive impact I have had on the person, we can talk to each other in our native language.'

- Providing consistent individualised care was a priority. Each person had a small team of staff. Schedules were sent to people each week which told them which staff would be coming and times were planned around people's needs. One member of staff said, "I support the same people, it's good to be able to get to know people, that's one of the best things about working for Home Instead, you get the time to spend with people." Another staff member said, "You get the time to be with people and build up their trust, I feel this has had a positive impact on people."
- Staff continually went the 'extra mile' to help people. People described the little things the staff did, for example, hanging out washing and hoovering, this had made people feel valued as the staff appreciated how people had liked their home to be kept.
- One relative told us one member of staff had readily volunteered to stay with their relative overnight following a fall which meant they did not have to go into hospital for the night. Staff told us about sharing a particular type of drink with someone, they had liked it so much the staff member had bought it for them, the person now purchased their own and had begun to drink more which was beneficial to maintaining their health.

Supporting people to express their views and be involved in making decisions about their care

- People were in control of their care. One person said, "I make all the decisions, they [staff] make suggestions sometimes but I always have the final say." A relative said, "It's down to me to assess and decide whether changes are permanent or variable ... what needs adapting or not... the manager always listens and supports me."
- The provider was aware of the need for people's voice to be heard so ensured people had access to an advocate if they needed to have someone to help them speak up about their care.
- People got the support they needed and wanted in a way they preferred. We saw a comment from one person, 'They [referring to two staff members] really seem to take great pride in their work and it seems to matter to them that I am okay and how I might prefer how something is done.'
- Meetings with people and their family were held to ensure people were able to express their views and their families could positively contribute to their loved one's care needs. This meant that everyone involved felt valued and listened to. One relative told us, "The meetings have improved communications and we feel as a family the care staff are an extended part of the family, which is good for [relative]."

Respecting and promoting people's privacy, dignity and independence

- People were at the heart of everything. One person told us, "They don't just care, they treat you as a human being."
- Respect for privacy and dignity was embedded into everything the service and staff did. People said staff respected their privacy and dignity. One person said, "I'm covered when I get out of the bath ... they [staff] are ready with the towel; the curtains are closed and they make sure the front door is locked."
- Staff described to us how they treated people and encouraged them to do things for themselves. One member of staff said, "I look at what someone can do, not what they can't do."
- Independence was promoted. A relative said, "[Relative] tries to put on their own clothes ... the staff are on standby for when it gets muddled... it's important [relative] does what they can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans which were specific to their individual needs. They detailed people's preferences, routines and how staff could best support them to live as happy and fulfilled life as possible. They were reviewed and updated when any changes were needed.
- Staff supported people to maintain their interests and access the local community. One person said, "They [Staff] take me to the bank when I need to go." A relative said, "We are pleased they take [relative] out for walks and in to the town when the weather is nice, it is important they keep them interested and stimulated."
- Staff spent time with people doing activities such as knitting and preparing meals in their homes.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example, information was produced in large print for people with a sight problems and audio tapes were available.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint or raise a concern. There was information in people's homes as to how to make a complaint.
- The provider had a clear procedure and policy in place to manage complaints and feedback. We saw that from feedback about communication the provider had set up regular meetings with families, people and staff to talk about people's care. Relatives told us they thought that communication had improved.

End of life care and support

- Care plans were sensitively developed with people and their families when people were ready to share and express their wishes for the end of their life care. One member of staff described the need to work sensitively with people who may not be ready to make plans.
- A few staff had been specifically identified to form a Palliative care team were equipped to deliver more specialised support.
- The provider had completed a City and Guilds End of life programme and was in the process of offering the training to those staff who wished to enhance their knowledge and training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: □ Service leadership continued to be exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Truly person-centred care remained at the heart of everything. Bespoke packages of care were developed. People's individual diverse needs were respected.
- People consistently told us how pleased they were with the service and felt in control of their care. One person said, "I would recommend them [service], they're marvellous... they do everything they say they will." A relative said, "It's a good service... They make quite a lot of effort to send the right carers... they're good at what they do... they don't just go through the motions... they really do care."
- The provider and care manager knew people and their families and there was a real 'can do' emphasis which filtered through the service. We saw several examples where the service worked tirelessly to deliver the outcome a person wanted. For example, providing additional staff and support at short notice to ensure people remained in their own home rather than having to be admitted to hospital or move into a care home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure remained clear which ensured everyone understood their roles and responsibilities. Providing good quality care remained the aim of everyone working within the service.
- The systems in place to monitor the quality and effectiveness of the service were very thorough and continued to ensure that risks were identified and mitigated to enable and empower people to remain in their own homes for as long as they could.
- The provider played a really active role in recruiting the right staff who shared the same approach and commitment to deliver high quality person-centred care. One relative said, "[name of provider] knows what they are doing and what to look for in the staff."
- Staff were proud to work for Home Instead Senior Care Rugby. One said, "Before I applied I did my research and saw the service had been rated outstanding, it has definitely lived up to my expectations; people are always happy and the managers and staff are all caring and very supportive."
- The service had consistently been voted in the top ten on the Homecare.co.uk website receiving a rating of 9.8 out of 10. Home Care UK collates feedback people and their families have posted on their website about services across the country.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were regularly asked about the care they received and feedback was used to

continuously drive improvements. For example, regular meetings had been set up between the service and families to improve on communication which had been raised by several families from a survey. One relative told us, "The team meetings are a great opportunity for us all to share best practice, all the staff have something to bring to support the care of [relative]; the staff are part of the family now."

- Staff training was delivered in a way that supported individual staff learning methods; this included supporting staff on a one to one basis to ensure everyone had access to the training they needed and wanted.

- The provider continued to be a dementia champion, delivering training to local businesses, families and voluntary groups in the community to support and promote Lutterworth to be a dementia friendly town.

Continuous learning and improving care

- Training was continuously developed and accessed by both staff, family members and the wider community. A new 'My learning cloud' training had been implemented to make it easier for staff to keep up to date with training, best practice and policy and procedures. This had enhanced the level of training staff accessed and completed.

- The provider continuously looked for opportunities to offer training around dementia, safeguarding and whistleblowing to the wider community. At the time of the inspection the provider had just delivered training to the Lutterworth Share and Care Dementia group. The ethos being the greater understanding everyone had about the care needs of older people the better and safer communities for people to remain in and be a part of.

- Feedback from local groups was very positive. A representative from Age Concern commented how very supportive the provider was in promoting activities and events which benefitted people who were lonely and isolated.

Working in partnership with others

- There were numerous examples of Home Instead Senior Care Rugby working with and alongside professionals and other agencies to enhance the lives of older people and their families. For example, referring people to Occupational Therapists to ensure they accessed the specialist equipment they needed to remain in their home; working with local fire officers to ensure people remained safe in their homes; working with charities such as Parkinson's UK, fire safety and warm homes to offer free training to staff and families.

- The service remained as an active member of a 'community hub' working with local churches, voluntary groups and clubs to promote safer dementia friendly communities.