

NNPN Homecare Limited

Home Instead Senior Care Newbury, Abingdon and Didcot

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

About the service

Home Instead Senior Care is a domiciliary care service, part of the Home Instead Senior Care franchise. Not everyone who uses the service receives personal care. The Care Quality Commission only inspects where people receive personal support with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to six people living in Newbury, Abingdon, Didcot and the surrounding areas. It provides a service to older adults, people living with dementia and people with a physical disability.

People's experience of using this service

People were supported by enough staff, who understood their responsibilities to safeguard people from discrimination, neglect, and abuse. Staff effectively assessed risks to people's health and safety, which were managed safely. People experienced good continuity and consistency of care from trusted staff who knew them well and how to meet their needs. The provider recruited staff in accordance with regulations and ensured only staff suitable to support people living in their own home were appointed. People received their prescribed medicines safely from staff who had completed the required training and had their competency to do so regularly assessed. Staff followed required food safety standards when preparing or handling food. Staff were supported to raise concerns and report incidents, which ensured action was taken to protect people from similar events in the future.

People experienced effective support, which reflected best practice guidance and achieved good outcomes, enabling them to have a good quality of life. People were supported to eat and drink enough to meet their needs and maintain their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring in their approach, respecting people's individuality and promoting their independence. People were fully involved in decisions about all aspects of their care, which made them feel valued.

People were placed at the heart of the service and experienced person-centred care, which was responsive to their needs and reflected their choices, preferences and wishes. Staff felt valued and well supported by the registered manager who had created an open and honest culture, which was reflected in the approach of the staff. Staff were passionate about the people they supported and continuously strove to achieve good outcomes for them. At the time of inspection, the service was not supporting anyone with end of life care. When the service had supported people at the end of their life, they had received compassionate care, which respected their wishes and ensured they experienced a comfortable, dignified and pain-free death.

The service was well managed and well organised. The registered manager was highly visible and provided clear and direct leadership, which inspired staff. The registered manager had the skills, knowledge, and experience to lead effectively. There were robust arrangements to manage complaints and monitor the quality of the service, the performance of staff and to drive continuous improvements, to ensure people experienced high quality care.

Rating at last inspection

This service was registered with us on 1 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was first registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Home Instead Senior Care Newbury, Abingdon and Didcot

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency, providing personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the nominated individual and the proprietor of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 19 January 2021 and ended on 29 January 2021. We visited the site office on 19 January 2021.

What we did before the inspection

We reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, care manager and nine staff. The care manager deputised for the registered manager in their absence. We reviewed a range of records. This included six people's care records, medication records and daily notes. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two community professionals who engaged with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and professionals consistently told us people experienced safe care and treatment from staff they trusted. One person told us, "I couldn't be any safer. I trust her [staff] because she looks after me so well and is really caring." A relative told us, "They [Home Instead Senior Care] have removed all the worry for us because they are so reliable." Community professionals said the registered manager was very responsive to people's needs and had a person-centred approach to ensuring people were safe.
- The registered manager had established and effectively operated systems, processes and procedures to protect people from the risk of poor care. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and knew how to report any concerns, both internally and externally. Staff understood and were particularly vigilant for the different signs of abuse.
- The provider managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The registered manager completed thorough investigations in response to any allegation of abuse, to keep people safe from harm.

Assessing risk, safety monitoring and management

- The service had clear processes to assess and manage risks to people, which were reviewed regularly in response to people's changing needs to ensure they were met safely.
- People experienced safe care from staff who were aware of people's individual risks. The registered manager and care manager had effectively identified and assessed risks to people, which staff managed safely. Support plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and developing pressure area breakdown.
- People's independence was actively promoted, whilst ensuring they were safe. The registered manager, care manager and staff worked closely with people, their families and commissioners of care, to understand how best to manage their risks, in the least restrictive way. People and relatives consistently told us the registered manager had empowered them to be fully involved in the needs and risk assessment process. One person told us, "They [staff] are very good at listening to what I want to do and how to keep me safe."

Staffing and recruitment

- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to support people living in their own homes. These checks included prospective staff's conduct in previous care roles and their right to work in the UK.
- There were enough staff, with the right mix of skills, to support people safely, in accordance with their support plans. The registered manager completed a staffing needs analysis before taking on new care packages and told us they were focussed on delivering quality care. The registered manager told us they

refused to compromise on the quality and safety of people's care. Documents demonstrated how the registered manager had declined care packages, where they could not guarantee enough suitable staff to meet people's needs.

- People told us they experienced good continuity and consistency of care from regular staff who knew them well. The provider effectively recruited and retained staff who were able to develop meaningful relationships and nurture trust in people.

Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and had their competency reassessed every six months by the registered manager or care manager.
- The provider's policies and procedures gave staff clear guidance how to manage people's medicines safely. The registered manager and care manager completed regular observations to ensure staff managed medicines in practice, in accordance with their training, current guidance and regulations,
- The registered manager and care manager completed regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken. Staff understood the action to take if a mistake happened, to ensure any potential harm to a person and any future recurrence was minimised.

Preventing and controlling infection

- Staff adhered to the provider's infection control policy and procedures. People and relatives were reassured by staff who consistently used personal protective equipment in line with government guidance.
- The provider implemented recognised infection prevention and control practice in relation to people visiting the service office, including temperature checks. Highly visible posters detailed questions to ensure visitors had no Covid-19 symptoms before entering, which was confirmed by the completion of health related questionnaires.
- Staff had completed food safety training and correct procedures were followed wherever food was prepared.

Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt confident to report incidents. Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the registered manager analysed and investigated thoroughly. Any learning or changes to risk assessments were discussed with staff. The registered manager had ensured that staff took the required action to keep people safe, by reducing the risk of further incidents and accidents.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's assessments and care plans considered all aspects of people's care in line with relevant standards and guidance. Staff understood and delivered care in line with standards from the National Institute for Health and Care Excellence, other professional bodies or organisations and advice from specialist healthcare professionals.
- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans considered all aspects of people's lives, clearly detailing their needs, individual preferences and choices, and how they wished to be supported. This enabled staff to support people effectively to achieve good outcomes, such as working to increase their strength, mobility, nutrition or to maintain healthy skin.
- The registered manager emphasised the importance of gaining as much information as possible to ensure people received good quality care to meet their needs. The registered manager also used such information to allocate the most suitable and compatible staff member to develop meaningful relationships with people to ensure the best outcomes.

Staff support: induction, training, skills and experience

- Supervision and appraisal were effectively used to develop and motivate staff, review their practice and focus on professional development. Staff consistently told us they received effective supervision, appraisal, training and support, which enabled them to carry out their roles and responsibilities effectively.
- Staff were supported to access training and develop skills relevant to their role. Staff consistently told us they felt well supported during their induction to the service, with face-to-face induction training and shadow shifts with more experienced staff. Staff consistently praised the quality of their training and made positive comments such as, "The manager [registered manager] is so approachable and when you're new, goes out with you to show exactly how she wants you to do things." Another staff member said, "One of the best things here [Home Instead Senior Care], is the managers know what needs doing and how to do it and come out to show you how the client [person] wants it done."

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

- People were supported to have enough to eat and drink to remain healthy. The registered manager placed strong emphasis on the importance of eating and drinking well to maintain people's health and well-being.
- Staff knew about people's specific diets, personal preferences and told us about the provider's "Stay Nourished" programme. This was designed to support people and their relatives to understand the importance and impact of good nutrition and hydration during the ageing process. Staff told us the

programme focused their thoughts to carefully consider all aspects of nutrition, whilst delivering people's daily care.

- People's care plans explored whether they had a good appetite, if they had any dietary restrictions or preferences and if they were at risk of malnutrition, weight loss or weight gain. Staff followed guidance from relevant professionals to protect people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other agencies and organisations to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made prompt referrals and liaised with other healthcare professionals when the need arose. For example, the registered manager effectively engaged with community healthcare professionals when they identified a person's mobility had deteriorated and they were at increased risk of falling. This achieved a successful outcome for the person, including the provision of multiple items of supportive equipment, which supported them to maintain their independence and to mobilise safely.
- Health care professionals consistently told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being. Records were accurately maintained of any guidance provided.
- Staff ensured that people received consistent, coordinated, person-centred care and support when they were referred to, or moved between different services, for example; admissions and discharges from hospital.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff demonstrated their understanding of mental capacity and how this impacted people, including how to promote choice and control wherever possible for people. People's capacity to consent to their care had been assessed, where appropriate, and accurately recorded.
- Where people lacked capacity to make decisions, their relatives and those important to them were involved in best interest decision processes.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were highly motivated and consistently told us they were inspired by the registered manager to deliver care that was caring and compassionate. The registered manager told us that, "understanding our people" was a core value of the service. Many initiatives implemented by the provider were staff focused. The registered manager explained they believed that by caring for their staff they would build an overriding ethos of caring, which would be extended into the delivery of people's care.
- People experienced caring, meaningful relationships with staff who treated them with kindness in their day-to-day care. One person told us, "All my girls [staff] are fabulous and [registered manager] is so flexible and really good when I need to change my times. They are at a different level to others [alternative providers]." Another person told us, "They [staff] will do anything for me. Nothing is ever too much trouble."
- People experienced good continuity and consistency of care from regular staff, with whom they shared a strong personal bond. People consistently reported staff were focussed on caring for them and not completing tasks. Staff overwhelmingly spoke with pride and passion about people they supported. For example, one staff member said, "This is the best job I have ever had and at last I can now do what I came into care to do. The manager is very supportive, and you get time to really care for people, not constantly having to rush off."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith.

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

- People and relatives consistently told us they were fully involved in decisions about all aspects of people's care and support. People and relatives told us they felt valued and that their opinion mattered.
- Care plans were developed with people, their relatives and relevant professionals, enhanced by staff knowledge gained from working closely with people.
- The registered manager and care manager reviewed people's care plans and risk assessments six monthly or whenever people's needs changed. This ensured they were accurate and reflected people's current needs and preferences. People also received six monthly quality assurance visits from one of the managers, where they were able to share their experience about the quality of their care and identify any areas for improvement.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their independence and respected their privacy. Care plans were written using respectful language, promoting people's dignity and choice. People's needs were regularly

reviewed and any change in their independence was noted. People and relatives consistently told us staff encouraged them to be as independent as they could be.

- Relatives consistently told us that staff were skilled in persuading people to engage in decisions about their care, taking an encouraging approach. People's privacy and dignity were held in high regard. Staff ensured people were given space and privacy in their care. People told us that staff respected their individuality, their personal wishes and goals. Staff knew how to support people in ways which comforted them. For example, staff gently holding people's hands and dancing to their favourite music and using photographs and objects of reference to stimulate their happy memories.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People consistently received personalised care that was responsive to their needs. Staff planned and promoted person-centred care to deliver good outcomes for people. This covered the physical, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives. When people's needs changed staff quickly liaised with health and social care professionals to seek their guidance, which they implemented effectively.
- Support plans clearly reflected things that were important to people, as well as their support needs and clearly demonstrated effective engagement with other organisations. Staff supported people to take part in activities according to their wishes and abilities. For example, staff supported people to access local facilities, which increased their sense of independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided care in accordance with the AIS. People's communication needs had been assessed and communication support plans detailed what support they required to communicate effectively.
- People and relatives confirmed that staff knew how different people expressed themselves and took time to listen and engage with people. People were provided with information in a way they could understand which helped them make decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Some of the visits provided by the service were commissioned to prevent people becoming socially isolated.
- Staff encouraged social contact and supported people to engage in social activities, which helped protect them from the risk of loneliness. For example, people were supported to access the community and visit their favourite places, such as garden centres and coffee shops.
- Care plans contained comprehensive details about people's life histories, hobbies and interests. This enabled staff to learn about them and informed the registered manager as to which staff may have interests in common with people using the service.

Improving care quality in response to complaints or concerns

- People and their relatives had the opportunity to provide feedback about the quality of the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided. One person told us, "She [registered manager] always keeps in touch to see how we are and if everything is okay, which makes me feel they really care about me." A relative told us, "The care givers [staff] always ask if everything is okay and if we want to change anything."
- The service had an effective complaints procedure in place. The registered manager treated any complaint or concern as a learning opportunity to drive continuous improvement. We reviewed one complaint, which had been dealt with in accordance with the provider's policy and regulations.
- People knew how to raise a complaint or concern and told us when they had, these had been swiftly resolved by the registered manager and staff. People and relatives consistently told us that staff encouraged and supported them to express their views if they had a problem or were unhappy about the service.

End of life care and support

- People had been given the opportunity to discuss their wishes in relation to end of life care and their preferences, wishes and advanced decisions had been recorded. People's wishes were reviewed regularly.
- The registered manager was passionate about delivering the best possible end of life care to people. To this end, all staff had been enrolled on a nationally recognised, external training course, to enhance their knowledge and expertise in supporting people with end of life care.
- At the time of inspection, the service was not supporting anyone with end of life care. However, when the service had supported people at the end of their life, staff had worked closely with family members and relevant healthcare professionals. This had ensured people had rapid access to the appropriate specialist support, equipment and medicines.
- Testimonials consistently demonstrated that people had received compassionate care from staff, which respected their wishes and ensured they experienced a comfortable, dignified and pain-free death. Correspondence from family members consistently referred to the kindness and compassion shown to them by staff whilst their loved one was receiving end of life care and after their passing.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The service had a strong, person-centred culture, which was reflected in the approach of all staff. People and relatives consistently reported that staff treated people like members of their own family. Staff were aware of the provider's core values and consistently emphasised the importance of the provider's vision, which was 'to change the face of ageing'.
- People experienced personalised care from a stable staff team who knew them well and were committed to delivering high quality care, which was individual to them. The registered manager and staff were focused on ensuring people came first and experienced good outcomes.
- People trusted the registered manager because they responded quickly if they contacted them. They consistently described the service as well managed. People and relatives consistently praised the registered manager for being empathetic and responsive, whenever they were worried or required support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's policy clearly identified the actions the registered manager and staff should take, in situations where the duty of candour applied.
- The registered manager and staff were aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

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

- The provider had established effective systems and processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement. Designated staff completed regular audits and reviews of care records and developed action plans to address any areas for improvement identified. The registered manager held daily governance meetings with the care manager, where significant events were discussed to identify required improvement and ensure any required action was taken.
- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership, which inspired staff. The registered manager had the skills, knowledge,

and experience to lead effectively. Staff told us they felt respected, valued and well supported. People and staff consistently praised the registered manager and described them as an excellent role model.

- The service franchise operated under a defined governance structure, which included quarterly audits and support from the quality assurance department of the franchisor. The most recent audit had been positive and showed the registered manager had acted to address issues raised in the previous audit.

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

- The registered manager engaged in meaningful conversations with people and staff. This enabled them to seek people's views on a regular basis and involve people in any changes. The registered manager and care manager delivered care to people regularly and knew them well. The registered manager told us whilst they had plans to expand, they would not compromise on the quality of care being provided by the service.

- People and relatives told us they felt fully involved in care decisions and that they experienced good communication with the registered manager and staff. One relative said, "She [registered manager] is always contactable, day or night, you can always get hold of her and she will come out herself." Staff consistently told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.

Continuous learning and improving care

- Community professionals consistently told us the registered manager was open to their guidance and welcomed constructive advice.

- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

Working in partnership with others

- The registered manager and staff worked well in collaboration with external agencies to help ensure people received high quality, well-coordinated and consistent care. Professionals consistently told us they were impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's needs.

- The registered manager was passionate about improving the quality of care experienced by people living with dementia. Staff were supported to complete additional accredited training in relation to dementia. The registered manager held workshops for family members and other stakeholders, to increase dementia awareness within the community.