

RGM Service Company Limited

RGM Service Company Limited T/A Home Instead Senior Care (Doncaster)

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

This inspection took place on 11 and 12 September 2018 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This was Home Instead Senior Care's first inspection since registering at their new location with the Care Quality Commission. The last inspection at the previous location in May 2017 had found the provider had met all the standards inspected and was therefore rated as good.

Home Instead Senior Care is a domiciliary care provider based in Doncaster, South Yorkshire providing personal care and support to people in their own homes. Home Instead Senior Care is part of a franchise that delivers care to people in many areas of the United Kingdom. This service supports 69 people living in the Doncaster region. The service offered includes personal care such as assistance with bathing, dressing, eating and medicines. The service also offered home help covering all aspects of day-to-day housework, meal preparation and household duties; and companionship services such as spending time with people or supporting people on visits or appointments. Of those 69 people, 19 received personal care and the remainder receive help in their home or companionship. We only looked at the service for people receiving personal care as this is the activity that is registered with Care Quality Commission (CQC).

The staff who support people are known as 'caregivers,' we have called them this in the report. When we visited 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.

People felt safe and caregivers could demonstrate they had a good understanding of abuse and how recognise and report it. The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified, monitored and reduced. The service responded well, investigated and addressed any issues that arose in line with their policies and procedures.

The provider ensured caregivers knew people prior to supporting them. People received a timetable of who was visiting and had always been introduced to new caregivers before they received support from them. People received a personalised service that was based on their personal needs and wishes. Care plans were detailed and personalised. Caregivers felt they had enough information to meet people's needs, and get to know them.

Changes in people's needs were identified and their care packages were amended to meet their changing needs. The service was flexible and responded positively to people's requests where possible. People who

used the service felt able to make requests and express their opinions and views.

Health and social care professionals were regularly involved, where needed, in people's care to ensure they received appropriate care.

People spoke highly of the quality of care provided by the caregivers. Nobody expressed any concerns about any of the care provided.

People received their medicines on time and in a safe way. More information needed to be put in place to instruct staff how to administer as and when required medicines to people.

People who used the service felt they were treated with dignity and respect. Everyone said their caregivers treated them respectfully and kindly and took extra time to make sure their needs were met.

Staff were supported and had opportunities for development. All caregivers said they were fully supported and valued by the registered manager, and the office team. There was a programme of training, clear career progression opportunities and one to one supervision that enabled caregivers to develop their skills and knowledge.

The service had robust recruitment procedures in place for recruiting staff. When selecting caregivers, the service placed a focus on the person's caring nature rather than whether they had previous experience of working in care.

There was good leadership from the registered manager who had the support of a well organised office team.

Caregivers had effective and extensive training and rewards which helped to ensure a stable and skilled staff team. Morale was very good and caregivers said they felt proud to work for Home Instead and they would recommend them and use them with their own relatives.

The provider was developing community connections. They had also worked closely with the fire service, local authority and solicitors to help to develop the service. The providers were very committed to continuous improvement.

All feedback from people, whether positive or negative, was used as an opportunity for improvement.

The providers had a good and effective quality assurance process in place. There were processes in place to monitor quality and understand the experiences of people who used the service.

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 said they felt safe. Caregivers demonstrate a good understanding of the signs what constituted abuse and how to report concerns.

Medicines were administered when needed by caregivers that were trained to give them safely.

People were protected because staff recruitment procedures were robust.

Is the service effective?

Good 

The service was effective.

Caregivers received extensive training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's rights were promoted and caregivers were aware of the MCA and their roles and responsibilities.

Caregivers recognised changes in people's health, sought and followed professional advice appropriately.

Is the service caring?

Good 

The service was caring.

People and relatives said caregivers were caring and compassionate and treated them with dignity and respect.

Caregiver's were considerate and supportive toward people. They protected people's privacy and supported them sensitively with their personal care needs.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed before their care commenced and care plans were regularly reviewed and updated as their needs changed.

People knew how to raise concerns and complaints and they were investigated and actions and improvements were made in response.

Is the service well-led?

The service is well led

The management team promoted strong values and a person-centred culture.

People, families and caregiver's views and suggestions were considered to improve the service. There were robust systems to assure quality and identify any potential improvements to the service.

Good ●

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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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 September 2018 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was Home Instead Senior Care's first inspection since registering the new location with the Care Quality Commission. The inspection team consisted of an 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. The expert by experience made calls to six people who used the service and two relatives.

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR). The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke and sought feedback from three caregivers, and the registered manager. We reviewed information about people's care and how the service was managed. This included four people's care records and three people's medicine records, along with other records relating to the management of the service. This included training information, four caregiver's employment records, quality assurance

audits, minutes of team meetings and findings from questionnaires that the provider had sent to people. We also emailed health care professionals for feedback and received one reply.

Is the service safe?

Our findings

People were safely supported by caregivers in their own homes. People's relatives felt their family member's care and support was delivered in a safe way. Comments made included, "The care my wife is getting is excellent, she feels safe with the service, they are the most caring and praiseworthy." Another relative said, "The carers are great I have no problems with them I am so safe with them. I tell everyone how good they are."

Caregivers had a good understanding of what might constitute abuse and how to report any concerns that might arise. Caregivers had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. There were clear policies for caregivers to follow. Caregivers had access to the NHS safeguarding app on their phones, which gave them detailed information about safeguarding and how to make an alert. We saw there was also a whistleblowing policy and staff we asked about this were familiar with it and how to raise concerns.

Individuals risks were well managed. Risks had been identified and risk assessments were carried out to keep people safe. For example, moving and handling assessments which considered people's mobility, ability to transfer from a chair to a bed and showering and bathing. There were also thorough lone worker risk assessments completed to ensure caregivers safety whilst at work. Where risks had been identified there were methods to minimise risks to ensure caregivers and people would be safe. We saw the risk assessments were to keep people safe but did not restrict their lifestyles.

The provider had a business continuity plan in place to protect people in the event of a crisis which might impact on the service people would receive.

The registered manager documented any accidents or incidents relating to people and actions to reduce the chance of any reoccurrence were recorded and lessons were learnt and shared within team meetings.

People were protected by caregivers having a good understanding of what to do in emergencies. The service had an on-call system to enable caregivers to have someone to call in the event of a concern. Caregivers said they were able to access support when they required it. One caregiver commented, "There is always someone available at the end of the phone 24 hours a day. I never feel totally on my own and this make me feel safe."

We looked at the arrangements for monitoring visits to people. People were provided with caregivers who were familiar to them to ensure consistency of care. People and their relatives told us caregivers were punctual and stayed for at least the time scheduled. This was confirmed by call logs we reviewed. Visit times were well scheduled and caregivers felt they had ample time to visit people and they didn't feel rushed or worried they may be late. They felt their visit times gave them ample opportunity to meet people's needs and have quality time with them.

There were thorough and robust recruitment processes in place. From our checks of caregiver's files, we

found that appropriate checks had been undertaken before staff began work. These included written references from a previous employer and character references. Caregivers had a satisfactory Disclosure and Barring Service (DBS) check prior to starting their employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medication policy which set out how staff should proceed to ensure the safe handling of medicines. Some people required assistance with taking their medicines. For some people this was just a prompt by the member of staff to take their medicine. For other people the member of staff administered the medicines to them. We checked a sample of medicine administration records (MAR). We found, although some errors had been made, this had been addressed and followed through with caregivers, who had been given extra support if this was needed. Caregivers received training and their competence was checked before they provided this support to people to ensure they knew how to do this safely.

We found there was a lack of information to support caregivers when they were administering PRN medicines. PRN medicines are given "as and when required" and the provider needed more information to instruct caregivers on the specifics of administering these medicines. For example, information on the specific area to apply cream, how long to apply it and what to do if application was ineffective. The registered manager said they would ensure this was put in place straight away.

Caregivers followed infection prevention control procedures. They told us they had an ample supply of gloves and aprons to support them in their role. Spot checks were in place to check caregivers were following infection prevention control guidance.

Is the service effective?

Our findings

People and relatives, we spoke with were unanimous in their feedback that the provider gave them outstandingly effective care. People told us they were very well supported by caregivers who were suitably trained and knew how to care for them. One person said, "The carers are absolutely lovely, they are fully trained and take account of my wishes. They know what they are doing." Caregivers went through a thorough and detailed induction prior to lone working with people. They completed an extensive training programme, shadowed caregivers who were more experienced, and then observations of practice were carried out of the new employees' competency to ensure they had the desired skills and attributes to successfully support people.

The registered manager had implemented the national Skills for Care Certificate for all new caregivers employed at the service. This is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. Records confirmed caregivers had been supported to complete the Care Certificate over a twelve-week period. Caregivers felt the training had provided them with the necessary skills and knowledge to enable them to be successful in supporting people. One caregiver said, "I was well supported and the training was very good, however I felt a bit unsure about lone working with one client and I was given extra shadow shifts until I felt confident to work alone. I have been really well supported." A relative said, "The staff are properly trained and know what they are doing. They are first class, in fact top class. My relative is not restricted in any way. They do what is needed to be done. They respect what we want, not what they want."

All caregivers training was up to date and many additional training courses had been completed in addition to mandatory training. The registered manager explained that he wanted to up skill the caregivers and it was important because it supported their high standards and gave them good morale. People and their relatives told us they felt that staff were very well trained and experts at their job. One person said, "They (the caregivers) are very well trained and do their job very well." The registered manager told us they were rolling out a City and Guilds Accredited Dementia Training Programme to caregivers to ensure they were knowledgeable about the needs of clients living with dementia and their relatives.

We saw people received information about their care and support in formats they understood and received appropriate support to help them communicate, in line with the Accessible Information Standard. We saw where there was a need people received information in larger print or in easy to understand formats. People were provided with easy to understand information about the service such as how to make a complaint and about how to access advocacy services. We saw that there was a DVD available on the risks of fire, this was tailored to people living with dementia. Caregivers were also provided with accessible information as the provider told us they had modified paperwork to support caregivers with dyslexia, they said they had done this to enable them to continue to do their work effectively and not be put off from being excellent through worrying about how to record information.

All the caregivers we spoke with, without exception, told us that they were extremely well supported. Records showed that caregivers were having regular, planned supervisions, and appraisals. Direct

observations of caregiver's practices were completed on a regular basis, this gave the provider assurances staff were putting into practice the training they had undertaken and demonstrating the core values of the service. Caregivers told us they found the supervision sessions helpful and informative and helped them to plan what additional learning they wanted or needed, and the confidence to grow and develop in the role. The organisation recognised the importance of caregivers receiving regular support to carry out their roles safely and they encouraged an open culture where staff could speak openly if they needed any additional support training or encouragement.

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.

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and caregivers received training to enhance their understanding. People told us staff respected their choices and didn't restrict them in any way. One person told us, "The staff ask for my agreement before they start to do anything. I get the support in the way that I want. Things are not restricting me, I got the time arranged around when I need the help. The times suit myself. If I need to contact anyone they do it for me. They are very effective."

The registered manager had arranged for a local probate solicitor to attend a team meeting to talk to caregivers about mental capacity and the legalities that surround the act. This was to assist in give them a better understanding of the requirements and circumstances of MCA. One caregiver said, "The talk from the solicitor was really good, not only did it help me to understand the process better but it helped me to know what I need to have in place for my own family. They explained everything very well and I feel it's been a huge benefit to the team."

People who needed support with food and drink were supported in line with their preferences and dietary needs. The registered provider had been forward thinking and approached a specialist dietician to deliver training to help up skill caregivers. The training was given to help them recognise and respond to improving the nutritional status of people receiving care. The training enabled caregivers to recognise visual signs of malnutrition, understand how to carry out a nutritional assessment for people and how to enrich food. The dietician gave us feedback about the provider. They said, "I was surprised as usually it is me chasing down the care providers but this time they approached me with enthusiasm and eagerness to take on board the new work after hearing about it from a colleague at the acute trust. This training was over and above expectations and Home Instead was eager to up skill their staff." The registered manager told us they are also introducing nutrition champions, so if caregivers have concerns they will have a resource to go for further information and support.

The provider had worked in partnership with the local fire service who had attended team meetings to help to identify and respond to people who may be at increased risk of fire. The provider has also worked with dementia nurses who attended the team meetings to support caregivers have a thorough and in-depth understanding of dementia and raise awareness of the issues associated with living with dementia.

Caregivers knew how to respond to specific health and social care needs. They were knowledgeable in recognising changes in a person's physical and emotional health and what to do about it. Caregivers could speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. They were aware of how individuals preferred support with tasks such as personal care and

specific routines. One person said, "They are very helpful and help me stand and have my trolley near me which I then use. They do not cut any corners at all."

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. One relative told us, "By and large there are no problems what they do is extremely effective. Mum would tell us if there was anything she did not like. They have called the GP on mum's behalf and informed us." We saw evidence of health and social care professional involvement and people's individual care records were updated with healthcare information on an on-going and timely basis. For example, GP and district nurses. These records demonstrated how caregivers recognised changes in people's needs and ensured health and social care professionals were involved in people's care.

Is the service caring?

Our findings

The service was very caring and without exception people told us they thought the caregivers were kind and caring. Comments about caregivers were, "They are all caring, lovely and brilliant." and "We are very pleased with them no problems. They are all excellent, caring, helpful and extremely polite." One relative told us, "They are kind, empathetic and caring. My (relative) was fully involved with the drawing up of my care plan, I was fully listened to and my views were fully taken into account. The staff listen to (my relative) about what (my relative) wants."

People and their relatives were listened to and felt involved in making decisions about their day to day care. One relative said, "We are very happy with the care (relative) is receiving and we have been fully involved with the care planning. No problems at all."

People and their relatives felt that caregivers respected their privacy and dignity. They said, "They get stuck in, they shower (relative) with dignity and respect, they get (relative's) breakfast. Everyone that needs care should get a service like this" and "I am treated with full respect by the people that come and see me they are just brilliant." Caregivers spoke with passion about their role and spoke fondly of the people they were supporting. One member of staff said, "One day I will be old and need support. Home Instead could look after me. I would totally trust them."

Caregivers told us how they respected people's privacy and dignity and were aware that they were working in people's homes. One caregiver said, "If I need something I would always ask permission. One of the people just tells me to help myself if I need a towel or anything, but I wouldn't do that, it's only right to ask first. I think it's very important." Another caregiver said, "I put myself in the person's shoes and consider what it might be like. To help people from feeling uncomfortable I cover people up with a towel and encourage them to do as much for themselves as they can."

People's emotional needs were being met alongside their care needs. One person left feedback on the service and said, "My experience with Home Instead has helped me with my confidence and picked me up when I'm feeling low. I would struggle without them. I would highly recommend them to anybody." Caregivers told us they felt that because their calls were a minimum of an hour they could fully meet all people's needs and the visits were not task orientated but also gave companionship. One caregiver said, "It's so important to build relationships with people, they are individuals and they all matter. Companionship is an important part of the role and sometimes I might be the only person they see all day, so I put everything into them."

Is the service responsive?

Our findings

The provider met with the person and conducted an initial assessment, prior to the service commencing. This enabled them to speak with the person and their relatives before the service started to ensure they could ensure the person's specific needs would be met. They asked about people's hobbies and interests, cultural, spiritual and social values to support them to match people with appropriate caregivers with similar interests. For example, one person followed an evangelical religion and was matched with a caregiver who also had the same religion.

The provider had a Statement of Purpose which described the service's aims and objectives. These are 'to become the UK's most admired care company through changing the face of ageing' and their principles were 'to provide supportive care and companionship which both enables and encourages our clients to remain independent, in their own homes, for as long as possible.' One person told us, "When we started with them the manager talked us through everything, it was just excellent, everything is."

The provider ensured caregivers were matched with the people they were supporting. Feedback from people was they had caregivers who were matched to them. One person said, "They (the caregivers) do what I want when I want it, we have a great chat. One of my carers lives on a canal boat, so that is a different thing to talk about. Another carer likes country and western music like me, so we have great chats about that."

One caregiver told us they had developed a life history booklet which was about their life, starting from their childhood, family and personal hobbies and interests. They had filled the book with old photographs and stories of things they had seen and done throughout their life. They said they shared this with people when they were first getting to know them and found it helpful in getting to know the person as an individual. The caregiver said, "I met a new person that I would be caring for this week and I used the book. I think it made the initial getting to know each other easier, the photographs were a good way to start a conversation and to talk about shared interests."

Care plans were developed following the initial assessment and were regularly monitored, reviewed and updated. They included personal information and identified the relevant people involved in people's care, such as their GP. Care plans were person centred and reflected that people should be given choice and control of their support and care needs. They contained a high level of detail so caregivers could easily get a sense of the person when providing care and support. Caregivers told us they felt the care plans were well detailed and supported them to get to know people and appropriately carry out effective care.

Caregivers confirmed they were initially introduced to new people by shadowing other caregivers. Only when the person and the caregiver were happy and confident would they work together. The registered manager and the office staff said it was very important that caregivers and people got on well together. People said if they were unhappy with the caregiver they only needed to speak to the office staff and they would be changed. One person said, "I only have the same three or four people, I know them and I feel safe with them. I get a weekly list of who is coming."

The provider had recognised that some people could become socially isolated and it was important for them to have things to look forward to, so had networked with a local restaurant chain and organised a regular event, which they called a "friendship lunch." Up to 30 people could book onto the lunch, where they could look forward to a meal out and spend time socialising. The registered manager said the friendship lunches had been very popular and well attended. The provider had worked in partnership with other companies and arranged for representatives to attend to be available to speak to people should they need any advice. They said at the latest friendship lunch there had been a representative from Specsavers, who had given advice and guidance to a person who as a result, had a sight test after many years of not having one. There was also a representative who had attended from Age UK to share information with people.

The provider had an effective system in place to monitor complaints. People and their relatives felt listened to. One person told us, " If there were any problems I would speak to the office but there are not any and have never been any." The provider had a complaints policy and a monitoring system in place and we saw that this had been used appropriately to log concerns and complaints raised by people or their relatives. We looked at two recent complaints and found they had been responded to appropriately and resolved well. People and relatives said they felt comfortable raising any concerns with their caregivers. Comments included. "They are very good, we have no complaints at all." And "If we needed to complain, though I never have needed to, I would speak to the manager in the office" We have no concerns or complaints. There was one lady that (relative) did not really get on with and there was no problem changing her."

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a team of office based staff. People, their relatives and caregivers were all very positive about the management of the service. A person told us, "The management is very professional, we come first. They are approachable and very helpful. I have recommended them to a couple of friends." A relative said, "'From what we can tell it is well led if the manager is anything to go on. If we needed to complain we would contact him. We would recommend to other people. It has made an excellent difference to my (relative's) quality of life. My (relative) is looked after so well she can stay at home."

The quality of the service was monitored through audits and contacting people to gain their experiences of the service. People received a quality assurance visit or phone call every three months to ensure their satisfaction. In addition, they carry out a six-monthly service review. Up to date policies and procedures were in place. Quality visits included regular and thorough assessments of staff competencies and checking records such as care plans and medication records.

The provider commissioned an external agency to undertake an annual anonymous PEAQ survey (Pursuing Excellence by Advancing Quality) for people and caregivers. In response to the findings of the survey the provider had produced a development plan on how to make improvements based on the feedback they had received. The results were shared with people and caregivers and used to continually improve the service and to improve as an employer.

The provider was looking at using technology to streamline some of the systems they were using. The use of the Mobizmo system was in the early stages and it was too early to see the impact it was having, however, but registered manager said they believed it would be a much smarter way of electronically recording information. This would therefore enable them to be far more responsive to issues such as missed signatures for medicines or problems with MAR's and allow a greater oversight and response time.

The registered manager explained that the service was involved with Doncaster Dementia Action Alliance which provides support to local businesses, organisations and local communities to help them become more dementia friendly. The registered manager chaired the meetings with them and was involved in supporting the drive to raise awareness of dementia. They did this by reducing the stigma through awareness raising activities, training and education to improve the services delivered locally so that people living with dementia could continue doing the things they enjoyed doing in their local community for longer.

Caregivers told us that Home Instead Seniors "Was a great company to work for." Without exception everyone felt they were very well supported in their roles and they could self-develop through training and career opportunities and incentives. One caregiver told us how they had accepted additional responsibilities and gained a promotion because of doing a good job. The provider took steps to ensure that the efforts of caregivers were acknowledged and rewarded. When a caregiver did something exceptional they were rewarded with a £25 gift voucher as a thank you and an incentive.

Through our discussions with the registered manager and caregivers, we found they had strong values and skills. The registered manager had a high expectation that caregivers would share their values as well as comply with the policies and procedures of the service. The caregivers had been handpicked during recruitment because the provider felt they had the attributes needed to embrace the company's visions and values. Caregivers we spoke with had a thorough and detailed understanding of how they delivered bespoke person focused care.

The registered manager was open and transparent about the service and the improvements they could make towards being a better service. They continuously sought ways to develop and improve the quality of the service people received. Regular staff meetings supported staff to keep up to date with changes and important information within the care field. For example, guest speakers had been invited to meetings to raise staff awareness about issues such as MCA, and dementia awareness.

The provider produced an annual What's on Where Guide. This gives details of local activities, groups and classes to support people in accessing the local community facilities. The provider told us in their PIR that they had produce over 10000 copies each year and these are distributed far and wide across Doncaster and are regularly requested by the local community.

Health professionals gave us positive feedback about the services offered by Home Instead Seniors. Comments included, "I am so impressed with them wanting to go that extra mile (and a half). I have great links with them and they have invited me to be involved in some of their activities they provide for clients and families over the upcoming months to really raise awareness of malnutrition and self-care."