

Kirpa Naal Ltd

Home Instead Senior Care Great Barr and West Bromwich

Inspection report

Suite 509 Hawthorns House
Hawthorns Business Centre, Halfords Lane
Smethwick
West Midlands
B66 1BB

Tel: 01212705650
Website:
www.homeinstead.co.uk/greatbarrandwestbromwich

Date of inspection visit:
27 June 2016

Date of publication:
10 August 2016

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

Our inspection was announced and took place on 27 June 2016.

This was our first inspection of this service since it had been registered with us in January 2014.

The provider is registered to provide personal care and support to adults of different ages including older people. People had needs that related to old age and/or a physical disability. People who used the service received their support and care in their own homes within the community. Four people received personal care and support on the day.

The manager was registered with us as is required by law and was present on the day as was the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the registered provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had processes in place that they and staff followed to prevent people experiencing any mistreatment or abuse.

Risk assessments were undertaken and staff knew of the actions they needed to take to keep people safe and minimise any potential risk of accident and injury.

Staffing ensured that people received a consistent service from staff who they were familiar with, knew of people's individual circumstances and could meet their needs.

People were supported to take their medicines as they had been prescribed by their doctor.

Staff received induction training and the support they needed that ensured that they did their job safely and provided support in the way that people preferred. Staff training records showed and staff confirmed that they had received the training they required to meet people's needs and to keep them safe.

People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered.

Staff understood that people have the right to refuse care and that they should not be unlawfully restricted.

Staff supported people to have drinks and meals that they enjoyed.

People were cared for and supported by, staff who were kind and caring.

Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

The service was responsive to people's changing needs and requests.

Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision.

People, their relatives and staff had confidence in the management team and the service.

Processes were in place to monitor the service and ensure that it was run in the best interests of the people who used it.

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 and their relatives felt that the service provided was safe and secure and staff knew of the processes they should follow to prevent harm and abuse.

People and their relatives felt that risks to people's safety were well managed.

The provider's recruitment processes prevented unsuitable staff being employed.

Is the service effective?

Good 

The service was effective.

People and their relatives felt that they received effective care and support in the way that they preferred.

Staff felt supported and had the training they needed to meet people's needs.

The registered manager and staff understood that people should not be unlawfully restricted and that care and support must be provided in line with people's best interests.

Is the service caring?

Good 

The service was caring.

People and their relatives confirmed that the staff were very kind and caring. People felt that the staff gave them attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with them and their family.

People and their relatives felt that staff were responsive to their preferences regarding daily wishes and needs and accommodating if they required changes to call times.

Complaints procedures were in place for people and their relatives to access if they wished to.

Is the service well-led?

Good ●

The service was well-led.

Relatives and staff told us that the management of the service was open and inclusive.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Processes were in place to ensure that the service was run in the best interests of the people who used it.

Home Instead Senior Care Great Barr and West Bromwich

Detailed findings

Background to this inspection

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

This inspection took place on 27 June 2016 and was announced. The inspection was carried out by one inspector. The provider had a short amount of notice that an inspection would take place. This was because we needed to ensure that the registered manager/ provider would be available to answer any questions we had or provide information that we needed.

We tried to contact the local authority for their views on the service provided but we had not had a response. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We asked the provider to ask people for their consent for us to visit them in their homes. People did not consent to this so we were unable to speak directly with people in their home. We spoke with one person who used the service, two relatives, two staff [and had written feedback from one other staff member] the registered manager, and the registered provider. We looked at two people's care records and medicine records, three staff member's recruitment, supervision records and looked at staff training records. We looked at systems in place to monitor the quality and management of the service and provider feedback forms that had recently been completed by people who used the service and their relatives.

Is the service safe?

Our findings

A person who used the service said, "No I have not been treated in a bad way. The staff are nice". A relative told us, "I have not heard or know of any abuse. The carers [staff] are all lovely". Other relatives also confirmed that they had not had any worries about poor treatment or neglect. Staff we spoke with gave us an account of the different types of abuse. Staff told us that if there were concerns regarding abuse that they would report it to their manager. A staff member said, "If I was not happy with what was done I would go to the safeguarding team". [Each local authority has a safeguarding team who enquire into and deal with allegations and incidents of abuse]. The registered manager was aware of the processes that they needed to use if there were any concerns to prevent people being placed at the risk of harm and abuse.

A person told us, "Of course I feel safe. The staff help me and so I am safe". A relative we spoke with told us, "I have no worries about their [person's name] safety". Another relative we spoke with told us that staff had undertaken assessments to look at their family member's risks and manage these to prevent accidents occurring. We saw that risk assessments had been completed regarding a range of risk factors to prevent accidents and injuries. These included taking into account any potential environmental risks in people's homes. The provider had informed people about the benefits of having a carbon monoxide detector in their homes and had made them aware of other risks that included those relating to scams. [A scam is a fraudulent act that aims to take money or goods from an unsuspecting person]. The provider had good links with the local authority aids and adaptation section and had secured assessments and a range of equipment for people to use in their own homes to reduce the potential for accidents and to keep them safe.

The registered manager showed us records to confirm that any accidents or injuries had been documented and the action they had taken to manage situations. Records highlighted that no falls or injuries to people had occurred when staff were present or providing care. Records highlighted and the provider told us the action they had taken to get appropriate medical assistance for people when staff had found that a person had fallen and needed help.

Relatives told us that care calls were not missed. The provider told us that the staff used a system to log in and out when entering and exiting people's homes to provide their care and support. This system would alert the provider if a staff member did not turn up for a care call. The system prevented any potential for missed calls and people being at risk of omissions of care and neglect. This was confirmed by staff we spoke with.

A person and relatives we spoke with told us they were happy with the staffing provided. A staff member told us, "Our work allocations ensure that we have time to talk with the person. We have time to get to know the person rather than it just be task based". Staff told us that they covered each other during holiday time and during other staff absences. The provider told us that they also would cover calls at short notice if needed. They told us that they knew the people well and could meet their needs. This ensured that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member told us, "The provider got my references and checked me before I was allowed to start work". The registered manager and provider confirmed that no new staff could start work until all their clearances had been completed and were satisfactory. Records that we looked at confirmed that before staff started to work checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also saw that references from previous employers had been obtained and that potential new staff had been asked to confirm their health status to ensure that they were fit to carry out their job role. This meant that the provider had gathered all of the required information to enable them to make a judgement on potential new staff's suitability to prevent any risk of harm to people.

A person said, "The staff always help me with my tablets. I am happy". The registered manager and staff we spoke with told us that only staff that had been trained to do so were allowed to manage and prompt medicine. Records that we looked at confirmed that this was correct.

We looked at two people's medicine records and saw that they had been fully completed to show that they had been supported by staff to take their medicines as they had been prescribed by their doctor.

Records that we saw highlighted that staff had supported people to apply topical medicines (creams). We spoke with the registered manager about the application of creams. The registered manager told us that they had not used body maps for this purpose in the past but would implement their use if there was a need in the future. Body maps can be used to show staff where the creams need to be applied to prevent any error.

Is the service effective?

Our findings

A person we spoke with and their relatives told us that the service provided was effective. A person said, "It [the service provided] is good". A relative said, "I think it is a very good service. It is so much better than the service they [person's name] got from the previous place". A relative had recently completed a provider feedback form and commented that the effectiveness of the service had enabled their family member to remain in their own home that was important. The staff we spoke with told us that the service provided was of a high standard. A staff member said, "The service is excellent. It is holistic and person led."

A person told us, "I have the same staff. That is best as I know them". Relatives we spoke with told us that a small group of staff provided their care and support to their family member. They told us that this was good as it meant that their family member received reliable care and support from staff that they knew and were familiar with.

A staff member confirmed, "I had a good induction it was over five days. Much better than my last job. I did training, looked at care plans and was introduced to people. I shadowed other staff [shadowing is when new staff work with more experienced staff to learn their job role]. It was good as I learnt what was needed". The registered manager told us that they had introduced the Care Certificate and showed us training files to confirm this. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member commented, "They [the provider and registered manager] have been supportive and caring". Another staff member said, "We [the staff] get support and advice. There is a manager available at all times". Staff we spoke with told us that they received regular supervision sessions and records that we looked at confirmed this. A person who used the service said, "The staff are trained and do a good job". All staff we spoke with told us that they had the training they needed. The registered manager showed us training records that confirmed the training staff had received to enable them to be effective in meeting people's needs.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider had knowledge of the principles of the MCA.

A person told us, "The staff ask me first". Staff we spoke with were familiar with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) we found that staff knew that they should not restrict people in any way and that they should ensure that people consented to their care and support. A staff member told us, "We [the staff] always ensure that people give permission for us to provide

support". The daily records made by staff of the care provided read, "Gave verbal consent for support". The records also confirmed that staff gave people choices every day for example, what they wanted to wear and eat and drink. Training records that we looked at confirmed that staff had received MCA training and DoLS training to promote safe care in line with people's best interests.

A number of people and/or their families managed their own healthcare needs. Other people needed support from staff. A relative told us, "The staff would make sure that I was told or the doctor was called if they [person's name] was ill". Staff told us and records that we looked at highlighted that when there was a need, appropriate emergency services were accessed if people were ill. Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, the dietician, occupational and speech and language therapists. This ensured that the people who used the service received the health care support and checks that they required.

A person told us, "The girls [staff] always ask me what I want and know the food and drink that I like". Staff told us about people's special needs regarding food and drink that included their likes, dislikes and what action they should take to prevent any risks. This was confirmed by records that we looked at. Staff told us that they knew it was important that people consumed enough diet and fluids to prevent illness. Records that we looked at confirmed the food and drink that had been offered to each person and consumed during their care call.

Is the service caring?

Our findings

A person who used the service said, "The staff are very nice. They are kind. I would not like different staff as I like them very much". A relative told us, "The staff are like daughters. Kind and caring". Another relative said, "The staff care. Nothing is too much trouble". A staff member said, "All of the staff here care about the people. It is not just a job".

People told us that staff asked them every day how they wanted to be cared for and supported. A relative said, "The staff know the special ways they [person's name] like to be looked after and their routines. This makes such a positive difference to them". Another relative told us, "From day one the staff involved us in the planning of their [person's name] care. It is provided in a sensitive way that they are happy with".

A person said, "The staff are always friendly and polite". A relative told us, "The staff are polite and respectful to them [person's name] in the way they speak and care". Staff told us in detail how they ensured privacy and dignity. They told us they closed curtains and doors and ensured that people were covered with a towel or blanket when people were receiving personal care.

A relative said, "The staff make sure they [person's name] look tidy". A person told us and staff and records confirmed that they encouraged people to choose what they preferred to wear each day. This showed that staff knew that it was important to promote people's self-esteem and enable people to present themselves in the way that they wished.

A person said, "I still prefer to do what I can myself and the staff support this". A staff member told us, "We prompt and offer support to do what they can themselves. It is important for people to retain their independence". This highlighted that staff knew it was important that people's independence was maintained.

The registered manager and provider told us that people's family gave them support and advocated for them on their behalf when this was needed. All relatives we spoke with confirmed that they voiced the views for their family member when there was a need to and that the registered manager and provider welcomed this.

Is the service responsive?

Our findings

A relative told us, "A person [staff member] from the office came and asked what care they [person's name] needed. The staff meet their needs well. They [person's name] are very well looked after". A person told us, "The staff asked me questions so they know what I need". The registered manager told us that assessment of needs was undertaken for each person before a service would be offered to make sure that they could meet the person's needs. This was confirmed by the provider and records that we looked at.

People and their relatives told us that the service was responsive and flexible. A relative said, "If we need to change the time of the call the staff do this for us". The provider told us about a situation where different call times had been tried to judge what was best for the person. They said, "If person required a change of their call time as a one off or long term then we would do that for them".

A relative said, "We [the family and person who used the service] have been invited to join in reviews on a regular basis." Another relative said, "I am involved in review meetings and am always listened to". The provider told us that reviews with the person who used the service and/or their family were held 24 hours after a service started. Then again after two weeks, four weeks and then every three months thereafter. They told us that where a person's needs changed an earlier review would be arranged. Staff we spoke with and records that we looked at confirmed this. This showed that processes were in place to regularly determine if any changes to the care and support offered were needed and to ensure that appropriate safe care was provided.

A person who used the service told us, "I would speak to my son or the girls [the staff] if I was not happy. I would not mind doing that". A relative told us, "I do not have any complaints and never had. If I needed to complain I would speak to the staff or the manager". Another relative said, "I have never had a complaint as such the service is so good. However, any issues or anything that I have wanted to say has been listened to and dealt with". We saw that a complaints procedure was available in the 'Service User Guide' document. The complaints procedure gave contact details for the local authority and other agencies they could approach for support to make a complaint. This demonstrated that a system was in place for people to access if they were not satisfied with any part of the service they received.

Is the service well-led?

Our findings

A person who used the service and relatives we spoke with were all very complimentary about the service provided, the staff and the management. A person said, "It is a very good service. Relatives we spoke with told us that the service was well organised and well-led. Staff we spoke with told us that they felt that the service provided to people was of a very good standard and well organised. The registered manager was committed and proud of the service they provided and spent time telling us about the good aspects of the service and their achievements to date. This included the personalised and reliable service delivered. This was confirmed by the people and relatives we spoke with.

We were told by the provider and the registered manager and we were provided with information to confirm that the provider had worked in partnership with other organisations to promote dementia friendly communities. The provider had delivered training and seminars to fire service staff and church groups. The provider had also become dignity champions and had encouraged care givers to also become dignity champions this was to promote dignity in care in the local community. These actions would increase the knowledge of staff employed, and those also employed by other agencies in the community, to understand and meet dementia and dignity needs.

The provider had a leadership system in place that people, relatives and staff knew of. There was a registered manager in post who was supported by senior staff. A person and relatives we spoke with all told us that they knew who the provider and registered manager was and named them. A relative said, "I know I can ring and speak with someone at the office at any time". A staff member told us, "They [the provider and registered manager] lives revolve around the service. They are committed to providing a high quality service that meets people's full needs". The provider told us that they encouraged and promoted an ethos so that service users, relatives, and staff felt comfortable to contact them or the registered manager at any time. A staff member said, "We can say anything to the manager. They encourage us to raise any issues no matter how small. Doing things right is so important to them". This showed an openness and commitment to the service provided.

A staff member said, "I really like working for Home Instead. It is a pleasure to come to work. Staff are valued and supported". Other staff also told us that the provider and registered manager were very supportive and helpful. Staff told us that on call arrangements were in place so that they could be guided and supported outside of business hours. Staff told us that they had regular staff meeting and these were positive. A staff member told us, "In our meetings we can raise any issues and the registered manager". Staff told us that the provider had taken action to motivate the staff and make them feel valued. The registered manager told us that they formally recognised staff achievements and meeting minutes that we looked at confirmed this. The provider told us and staff confirmed that when staff had completed qualifications, and on their birthdays and at Christmas they were presented with small gifts that included flowers and chocolates. This was to formally thank them for the work that they had done.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had notified the local authority and us of all issues that they needed to. This meant that the

provider had met this legal requirement.

The provider had a range of systems in place for monitoring and auditing the quality of the service. Records that we looked at conformed that external staff employed by the provider carried out full audits of the whole service. Reports produced following these were available for us to see and confirmed that the service was operating to a good standard. Staff confirmed that the registered manager carried out spot checks to ensure that the staff worked as they should. Records that we looked at confirmed this. Records that staff completed in people's homes that included those to reflect the care and support provided and medicine records, were returned to the office regularly for the managers to check. We saw that where changes were needed ways to improved were discussed with the staff and monitored.

A relative told us, "I filled out a form". The registered manager told us that they had used feedback forms for people and relatives to complete. We saw that this was correct and viewed some of the completed forms. We found that feedback from people and relatives was positive and reflected conversations we had with them.

A staff member said, "I have done whistle blowing training and I would not hesitate to report any concerns I had to the manager". Other staff we spoke with also gave us a good account of what they would do if they were worried by anything or witnessed bad practice. We saw that the provider had a whistle blowing policy in place and staff we spoke with were aware of this policy.