

Blue Bay Home Care Limited

Home Instead Senior Care

Inspection report

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Date of inspection visit:
25 May 2017

Date of publication:
04 July 2017

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

We undertook an announced inspection of Home Instead Senior Care on 25 May 2017. Home Instead Senior Care is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection the service provided care to six people.

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

The service was registered with the CQC in June 2016. This inspection on 25 May 2017 was the first inspection for the service.

People who used the service spoke positively about the care provided. They told us they felt safe around care workers and were happy with the care provided by care workers and management at the service.

Systems and processes were in place to help protect people from the risk of harm. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. The service was part of an external initiative called "Friends Against Scams". This is a National Trading Standards scam initiative which aims to protect and prevent people from becoming victims of scams.

Risk assessments were in place which detailed potential risks to people and how to protect people from harm. Risk assessments included detailed information about preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers on how to support people safely.

We checked the arrangements in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that there were no unexplained gaps in these. The service had a medicines audit in place.

There were comprehensive and effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff who were unsuitable.

The service had an electronic system in place to monitor care worker's punctuality. People told us their care workers turned up on time and they received the same care worker on a regular basis and had consistency in the level of care they received. Management at the service explained that consistency of care was an important aspect of the care they provided.

Care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers were provided with an extensive induction which provided practical training. Care workers also received on-going training. Care workers spoke positively about their experiences working for the service. They told us that they received continuous support from management and morale amongst staff was positive.

Care workers were aware of the importance of treating people with respect and dignity. Feedback from people indicated that positive and close relationships had developed between people using the service and their care worker.

Care plans provided information about people's life history and medical background. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs. Care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required

Daily communication records were in place which recorded visit notes, daily outcomes achieved, meal log and medication support. The registered manager explained that these assisted the service to monitor people's progress.

A complaints procedure was in place. People spoke positively about the service and told us they thought it was well managed and raised no concerns.

There was a clear management structure in place with a team of care workers, the registered manager and nominated individual. Care workers spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns.

We spoke with management about the aims of the service and the nominated individual explained that they aimed for the service to grow in a slow and controlled manner where they can ensure that the standard of care is high.

Staff were informed of changes occurring within the service through staff meetings. Staff told us that they received up to date information and felt able to raise issues without hesitation during these meetings. They told us that there was an open culture at the service.

Systems were in place to monitor and improve the quality of the service. The service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits. The service had their own "quality assurance process" which included a next day courtesy telephone call after a new client started receiving care from the service, followed by a visit by a member of staff after four weeks of receiving care, followed by three monthly visits by management.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, staff files, medicines and training.

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 we spoke with told us they were safe around care workers and raised no concerns in respect of this.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good ●

This service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People's health care needs and medical history were detailed in their care plans.

Is the service caring?

Good ●

The service was caring. People told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

The service supported people to express their views and be involved in making decisions about their care, treatment and support where possible.

Staff were able to form positive relationships with people.

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. People spoke positively about the management of the service.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Home Instead Senior Care

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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 25 May 2017. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed six people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

We spoke with three people who used the service and one relative. We also spoke with seven members of staff including five care workers, the registered manager and the nominated individual. We also spoke with one care professional who raised no concerns about the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers and raised no concerns regarding this. When asked if they felt safe with care workers, one person told us, "Absolutely. Yes I feel safe and comfortable." Another person said, "I am safe." One relative we spoke with told us, "Yes, [my relative] is very safe."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Risk assessments were completed for each person using the service and covered areas such as nutrition, personal hygiene, the environment and mobility. Risk assessments included an assessment of the potential risk and the level of risk as well as preventative actions that needed to be taken to minimise risk. In addition, there were clear and detailed measures for care workers on how to support people safely. The registered manager explained that the risk assessments ensured people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We saw evidence that risk assessments were reviewed and updated when there was a change in a person's condition.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. The policy referred to the local authority, police and the CQC. Care workers had received training in safeguarding people and training records confirmed this. Care workers were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager immediately.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

The nominated individual explained to us that the service is part of an external initiative called "Friends Against Scams". This is a National Trading Standards scam initiative which aims to protect and prevent people from becoming victims of scams. She explained that during staff meetings, management raise awareness of potential scams so that care workers can help and support people not to be scammed.

The registered manager and nominated individual told us that they were safely able to meet people's needs with the current number of care workers they had. People received care from the same care workers on a regular basis and had consistency in the level of care they received and they confirmed this. The nominated individual told us, "Continuity of care is very important to us. We ensure people are familiar with their carer and we never send a new carer to people unless they have been formally introduced by us in person."

We asked the registered manager how the service monitored care worker's timekeeping and whether they turned up on time or were late. She told us the service used an electronic homecare monitoring system which would flag up if staff had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, the registered manager told us they would ring the care worker

to ascertain why a call had not been logged and take necessary action there and then if needed.

Comprehensive recruitment processes were in place to ensure required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for five members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Written references had been obtained for care workers. The nominated individual told us, "We are very selective about who we employ. We look at the values and attitudes of staff and what they believe care is. We do not confirm their position with us until they complete the induction so that we can observe care staff in a less formal situation."

There were suitable arrangements for the administration and recording of medicines. There was a comprehensive policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that administration records were signed and medicines were administered. Care workers had their competency to administer medicines assessed prior to them administering medicines and we saw documented evidence of this and care workers we spoke with confirmed this.

We looked at a sample of medicine administration records (MARs) for three people and saw that there were no unexplained gaps in these. This indicated that medicines had been administered as prescribed. However, we did note that in some instances on one person's MARs there had been errors where one box on the MAR sheet had been signed on the incorrect date. We observed that where this had occurred, the care worker had crossed this error out and signed on the correct date. We discussed this with the registered manager and she confirmed that the care worker concerned had made an error and provided us with evidence that they had discussed this with the care worker as part of their supervision session. The registered manager also explained that in future if such errors occurred they would record this error on the back of the MAR sheet so that it was clear what the error was and confirm that the medicine in question had not been administered on the incorrect date. The registered manager advised us that she would speak with senior management about this.

We also noted that where people's medicines formed part of a blister pack, the names of the medicines contained in the pack were clearly listed on the MAR sheet. It was therefore evident what medicines formed part of the blister pack.

We saw evidence that the service had a system for auditing medicines. We also noted that where the service had identified any mistakes or issues with the MARs, they recorded the action required and what actions had been completed.

The service had an infection control policy which included guidance on the management of infectious diseases. Care workers were aware of infection control measures and said they had access to gloves, aprons and other protective clothing. People who used the service told us that care workers observed hygienic practices when providing care.

Is the service effective?

Our findings

People who used the service told us that they had confidence in care workers and the service. One person said, "I am happy with the care." Another person told us, "The care is good. My carer knows what she is doing." One relative told us, "Overall the care has been brilliant."

During our inspection, we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Training records showed that care workers had completed an induction and received training in areas that helped them when supporting people. Training staff received covered safeguarding adults, moving and handling, basic life support, and medicines administration.

Records showed that care workers had undertaken an induction when they started work which was for four days. All care workers we spoke with told us that the induction and training they received was adequate and prepared them to do their job effectively. One care worker told us, "The induction was really useful. There was a lot to take in." Another care worker said, "The training is intense but very good." Another care worker said, "The training is fantastic. It is very well delivered. Always classroom based. Not online. The training absolutely helps me to do my role."

The nominated individual explained to us that the inducting training aimed to provide practical real life understanding of people's needs. For example, as part of the induction care workers take part in an activity which include, "Sensitivity Kits". During this training, care workers wear equipment that give them an experience of what it is like to have limited mobility, impaired sight or hearing. The aim of this training is to provide care workers with a personal insight into how their care would be experienced by the people they support.

Some care workers were in the process of completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

There was evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. The registered manager explained to us that management supervised care workers through a mix of supervision sessions, spot checks and team meetings. These sessions enabled care workers to discuss their personal development objectives and goals. We observed that only one member of staff had worked at the service for a year and we saw that an appraisal had been scheduled for them to review their individual performance. The registered manager explained that the service monitored staff supervisions and appraisals on an electronic system. The system identified when staff supervisions and appraisals were due so that the registered manager could monitor this closely and ensure that all relevant supervisions, spot checks and appraisals took place.

All care workers we spoke with told us that they felt supported by their colleagues and management. They spoke positively about working at the service. One care worker told us, "The support has been very, very

good. I cannot complain. Management have been encouraging every step of the way and have helped build my confidence." Another care worker said, "It is brilliant working here. It is the best agency I have worked at. I love the way they work and they really do care for people they provide care to. There is an emphasis on spending quality time with people." Another care worker told us, "The support from management has been great."

Care workers told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

People's care plans contained information about people's medical history, whether they required any particular support and included aspects such as memory, sight, behaviour and continence.

People were supported with their nutritional and hydration needs where their care plans detailed this. Care plans included information about each person's dietary needs and requirements, personal likes and dislikes, allergies and where they liked to eat. We saw the service had also identified risks to people with particular needs with their eating and drinking.

The registered manager explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. One person we spoke with spoke positively about the food that care workers prepared. They told us that they asked them what they wanted to eat and said, "They made me spaghetti today. It was lovely."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in the MCA and records confirmed this. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans detailed information about people's mental state and levels of comprehension and outlined where people were able to make their choices and decisions about their care. Care plans contained 'Consent to care' section which people using the service signed to state that they agreed and consented to care as outlined. Areas in which a person was unable to give consent, records showed the person's next of kin were involved in making decisions in the person's best interests.

Is the service caring?

Our findings

People we spoke with told us that they felt the service was caring and spoke positively about care workers. One person said, "My carer is kind and helpful. She listens to me. She is caring and lovely." Another person told us, "My carer is nice. She is friendly." One relative said, "My [relative] has a good relationship with the carer. They have a good bond."

The registered manager and nominated individual explained to us that the service aimed to ensure that people received a high standard of care and to make a positive difference to people's lives. The nominated individual explained that when providing care, they provided care as if they were caring for their own loved ones and the care workers they employ are people they would trust to care for their own loved ones. She told us, "We do everything that you would do for your own family. We go above and beyond to make sure people are comfortable."

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included information about cultural and spiritual values. The service had a policy on ensuring equality and valuing diversity. Staff informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances. The nominated individual explained to us that equality and diversity was at the forefront of the care they provided.

The registered manager explained that the service did not provide home visits of less than one hour. She explained that it was important for care staff to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of one hour visits enabled them to do this.

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives. These reviews enabled people and their relative's to discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

People were all familiar with management at the service and said that they were able to contact management if they had any queries. The registered manager explained that they ensured that staff discussed people's care with them and tailored their care according to what their individual needs were.

When speaking with care workers, they indicated a good understanding of caring, respectful and compassionate behaviour towards the people using the service. Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. One care worker told us, "I always talk to people. I focus on them and listen to them. I ask what they would like. It is their decision." Another care worker said, "I always respect people's wishes and their dignity. I talk to people and ask them what they want. I encourage and motivate them."

Is the service responsive?

Our findings

People who used the service told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. One person told us, "They always listen and put things right." Another person said, "I have no complaints. I am happy with the care." One relative said, "I have no complaints at all."

People's care plans provided information about people's life history and medical background. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs. Care plans contained a client profile and background information for each person using the service. Care plans were very person-centred, detailed and specific to each person and their needs. We saw that care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. Care plans had information about their past, previous interests and occupations.

Daily communication records were in place which recorded visit notes, daily outcomes achieved, meal log and medication support. The registered manager explained that these assisted the service to monitor people's progress. We noted that these were completed in detail and were up to date.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service had clear procedures for receiving, handling and responding to comments and complaints. People and one relative we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. We noted that no formal complaints had been documented and discussed this with the registered manager. The registered manager confirmed that no formal complaints had been received.

The registered manager explained that the service had not yet carried out a formal satisfaction survey as the service had been operating for less than a year. However, she confirmed that they would carry out a survey in 2017. She also explained that in the meantime, management were continuously reviewing people's care through their extensive quality assurance process.

Is the service well-led?

Our findings

People spoke positively about the service and told us they thought it was well managed. One person said, "Management is good." Another person told us, "Management listen to me. I can reach the office no problem." One relative said, "Management are approachable. They are effective."

There was a clear management structure in place with a team of care workers, the registered manager and nominated individual. Care workers spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. They also told us that the service was organised well. One care worker told us, "Management are really fantastic. They are efficient. They really care about clients and about staff too. They are great." Another care worker said, "Communication with the manager is excellent." Another care worker told us, "Management are really supportive. They have really built my confidence."

We spoke with the nominated individual about the aims of the service. She told us, "We aim to grow the service slowly and in a controlled way. The aim is to keep the standard of care high and make a difference in people's lives. We want to change the way people receive care and contribute to the community."

Staff were informed of changes occurring within the service through staff meetings and we saw evidence that these meetings occurred regularly. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. They told us that they felt able to raise issues without hesitation during these meetings and said that there was an open culture at the service.

Systems were in place to monitor and improve the quality of the service. We found the service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits. The service had their own "quality assurance process" which included a next day courtesy telephone call after a new client started receiving care from the service, followed by a visit by a member of staff after four weeks of receiving care, followed by three monthly visits by management. The registered manager explained that they were in regular contact with people who used the service so that they were able to build close relationships with people and ensure people felt comfortable raising issues with management.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, staff files, medicines and training. We also saw evidence that the provider carried out a comprehensive audit looking at various aspects of the service including policies and procedures, care plans, staff training, allocation of visits and staffing levels. Where areas of improvement were identified and actions to be taken were noted, we saw that action taken had been addressed and documented. We saw evidence that the last audit they carried out was in November 2016 and the registered manager confirmed that these were carried out every six months.

The service had a range of policies and procedures to ensure that care workers were provided with

appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a system for recording accidents and incidents and then analysing them to prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.