

MSW Home Help Ltd

Home Instead Senior Care

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 14 September 2016 and on 21 September 2016 we spoke with people who use the service and their relatives by telephone. This inspection was announced. 48 hours' notice of the inspection was given because we needed to be sure the manager was present and that all the required documentation was available for us to review. When we last inspected the service in May 2014 we found that the provider was meeting the legal requirements in the areas that we looked at. At this inspection we found the provider was continuing to meet all the expected standards.

The service provides care to people in their own homes. At the time of the inspection they were providing care for 45 people of which 17 people received personal care. The People using the service had a range of needs, including physical or learning disabilities and older People, some of whom may be living with dementia.

The service had a registered manager. 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 & Social Care Act and associated regulations about how the service is run.

Without exception, the feedback we received from people who used the service and their relatives was good. They expressed a high level of confidence in the management and individual staff to provide safe, compassionate care that met their needs in the way they liked to be supported.

Staff demonstrated a clear commitment to protecting people from possible harm, and were knowledgeable about how they should do this. Systems were in place to identify and minimise any risks to people.

Staff were well trained and had a very good understanding of people's care needs. The manager offered high level support to staff, ensuring that they were familiar with people's needs, and had the skills and knowledge to meet them before they started to provide support. Each person was supported by a consistent team of staff to ensure that they received care from staff who knew them and that they felt safe with.

The provider demonstrated a compassionate and person centred approach to care and people told us they enjoyed positive relationships with staff that were friendly and respectful. They confirmed staff took care to protect their dignity and privacy.

The service provided to people was based on their individual needs and was flexible to accommodate any changes that were required. People felt able to express their views and the provider sought feedback from people to support continuous improvements to the service.

There were effective processes in place to monitor the quality of the care provided to people

who used the service. The provider demonstrated strong values based on high quality person centred care, and this was reflected by the staff, who were proud to work for the service and were clearly motivated to do their jobs well.

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.

Staff understood their responsibilities to keep people safe from harm. People had confidence in the service and felt safe when receiving support.

There were enough staff to meet people's needs.

Staff had the knowledge, skills and time to care for people in a safe and consistent manner.

There were robust recruitment processes in place to ensure as far as possible that staff were of suitable character.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported effectively and people told us they did their jobs well.

Staff sought people's consent before giving support. The requirements of the Mental Capacity Act 2005 were met.

Where staff were involved in the preparation and provision of food, people had enough to eat and drink, and their health needs were supported effectively.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives were very complimentary about staff and the care they provided.

People told us the relationships they had with staff were positive and that there was a high level of trust. This was due to respectful and consistent care from familiar staff.

Staff worked at people's pace and supported them to maintain their independence for as long as possible.

Is the service responsive?

Good ●

The service was responsive.

People told us the service was flexible and based on their personal wishes and preferences. Where there were changes in people's needs, these were addressed quickly and without any difficulties.

Staff knew people's needs and preferences very well and paid attention to important details to ensure the care was delivered in the way the person wished.

People were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that they could raise issues in the knowledge that they would be listened to and swift action would be taken.

Is the service well-led?

Good ●

The service was well-led.

The provider promoted a person centred culture and values based on providing a high quality, compassionate service.

Staff were supported in understanding the values of the service and clearly showed pride in delivering good care.

There were effective systems to monitor quality including spot checks and observations of staff practice.

People and their relatives were frequently asked for feedback about their experiences of the service and this was used to learn from and make 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, 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 14 and 21 September 2016 and it was announced. 48 hours' notice of the inspection was given because we needed to be sure the manager would be present and that all the required documentation was available for us to review. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including notifications and other information received from the provider. A notification is information about important events which the provider is required to send to us.

During our inspection we spoke with the provider, the manager, the assistant manager and four care staff. We reviewed care records for five people using the service, five staff files and records relating to training, quality monitoring and records related to the management of the service. Following the inspection, we spoke with four people who use the service and three relatives to gain their views of the support they received.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "They help me to feel safe to stay at home." A relative told us, "They enter using a key which is in a little safe outside. They always secure the house when they leave, making sure [relative] is safe."

Staff we spoke with were trained in how to protect people from avoidable harm. They had a good understanding of how to protect people from any risk of harm and understood their role in identifying and reporting concerns. A member of staff said, "If I saw anything unusual for that person, I would check the logs for any records made by previous carers and would always call the office. The manager would ensure concerns were raised with the council." Many people commented that they felt safer because they received support from a consistent small group of staff which meant they got to know the care staff well and knew who was entering their home. A member of staff told us, "We are always introduced to people before we start any care visits. This is to check that we will be a good match and to make sure it's not a stranger turning up to their home. It all helps to make people feel safer."

Before the person's care commenced, the provider had risk assessments in place to support people to be as independent as possible. These helped to ensure people's safety and supported them to maintain their independence. Risk assessments included areas such as the management of medicines, safe moving and handling techniques, environmental risks and what to do in the event of a fire at people's homes. Risk assessments included information about action to be taken to minimise the chance of harm occurring. The registered manager documented any accidents or incidents relating to people and actions to reduce the chance of any reoccurrence were recorded.

There were enough staff to meet people's needs safely. People and their relatives told us that staff were usually punctual and stayed for at least the time scheduled, and more if the person needed additional support on a particular day. This was confirmed by call logs we reviewed. Several people told us they always received a call to let them know if staff were running late, although staff were usually on time. They told us staff were very occasionally delayed but this was generally because someone else was in need. One person said, "They turn up on time and do a good job." The manager told us that staff tended to work in geographical teams to ensure they did not have too much travelling between visits and we saw that schedules were colour coded to identify each area. Each person who used the service had been allocated a small dedicated team of carers. This ensured that when carers were on leave for any reason, they still received consistent care from staff they knew well.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including references from previous employers, proof of their identity, confirmation of the right to work in this country and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

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 looked at a sample of medicine administration records (MAR). We found that, although some errors had been made several months ago, this had been addressed and MAR had been completed correctly with no unexplained gaps in recent months. Staff who supported people to take medicines received training and their competence was checked before they provided this support to people to ensure they knew how to do this safely.

Is the service effective?

Our findings

People and their relatives told us that staff were skilled and worked to a high standard. One person said, "They're wonderful! I have just the one care giver and I have been very lucky. [Member of staff] is very good at helping me and knows how to do things right. [They are] sensible and turn their hand to anything I need doing." A relative told us that a member of staff had arrived at their relative's house to find they were having a medical emergency. They said that the member of staff 'Handled this really well. It's very reassuring that [relative] has the support of someone who knows what to do in that situation."

New staff were supported to complete a comprehensive induction programme and a six month probation period. This included training for their role and shadowing an experienced member of staff. This induction plan was designed to ensure staff worked safely and had sufficient skills to carry out their duties. Staff records showed they received the organisation's mandatory training on a range of subjects including the care certificate, safe care, safeguarding, confidentiality and the Mental Capacity Act 2005 (MCA). In addition, some staff had been supported to study for a city and guilds certificate in specialist training in dementia.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. All staff had received regular one to one supervision with their line manager. This gave staff the opportunity to discuss their performance, raise concerns and identify any training needs they might have. Regular spot checks were also carried out on all staff to monitor the quality of care. Spot check records recognised good practice as well as identified any areas where practices could be improved. Staff spoke positively about their experience of spot checks and supervision and welcomed any feedback to improve their practice where they could. One member of staff told us, "It's how you learn isn't it? They are always very supportive about things though and help us to learn. They don't just criticise."

People told us that staff asked them for permission before providing any support. One person told us, "We discuss what I want doing. They always ask." Another person told us, "They listen to what I want."

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. The manager and staff were able to demonstrate an understanding of MCA. For example one member of staff said, "It's really about people being able to make decisions for themselves, even if we don't agree with them. If they can't make a decision themselves, it is about who makes it for them."

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs and preferences which we saw were also clearly recorded in their support plans. Care records showed staff discussed people's dietary needs and support on a day to day basis. Some people preferred family members to support them with meals and the service respected people's choice. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food.

People were supported to have their healthcare needs met. People told us that staff noticed if they were unwell. One person said, "They are conscientious and notice if I'm a bit off colour." They went on to say that staff would call the GP for them if they were unwell. A member of staff confirmed that, where people did not have support from family members to attend hospital or other health related appointments, then staff would accompany them if this was what they wished. The office team had put together information for people about a number of local resources to support them to know where to go to meet any needs they might have. This included information on services such as health clinics, dentists, opticians and podiatrists. An additional folder of information relating to specific medical conditions had also been set up. This was to support staff to understand people's needs and support them more effectively. The manager told us that staff shared this information with people's family members and other care providers that worked with them.

Is the service caring?

Our findings

The service was caring. Without exception, people and their relatives said that management and staff were kind and compassionate. One person said, "They went out of their way to make sure we were compatible with each other. I'm very happy and [care giver] is lovely, so considerate and kind." A relative said, "They really do go that extra mile." Another relative said, "They just do that bit more, if you know what I mean. They finish things off. If she's helped [relative] have a bath, she cleans down the bath afterwards to make sure there's nothing left for me to do."

Staff spoke with passion about their work and talked warmly about the people they supported. One member of staff said, "People should feel like it is their birthday every time we see them. It is, and should be, all about them; what they like and need and how they want it done." People received care and support from staff that had got to know them well. The relationships between staff and people receiving support demonstrated that dignity and respect was promoted at all times whilst maintaining professional boundaries. Several staff told us that due to all calls being a minimum of one hour, they felt able to give good quality compassionate support to people because they had the time allocated to do so. They said they never felt they were just there to complete a task and leave. One member of staff said, "It's all about the relationship. That's what's important. Obviously the work side has to be done well but without a good relationship there is no pleasure for people. I feel we get this right." Staff were aware of and understood each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff told us it was important to treat people differently because they were individuals.

The manager demonstrated a strong empathy for people and spoke of the importance of working at the person's pace, particularly when supporting them to become accustomed to changes in their circumstances or any loss of independence. The service worked hard to support people to maintain their independence and many staff spoke about supporting people to participate in activities rather than having tasks done for them. One member of staff told us about a person who had always been a keen gardener. Knowing this, the member of staff started to bring some gardening hand tools with them when they visited the person, and now they regularly looked after the garden together.

Staff wore their own clothes rather than uniforms. The registered manager told us this was because uniforms could create a barrier and make people feel uncomfortable. This put people and staff on a more equal footing. It also upheld their dignity when out in public places as it was not obvious to onlookers that the person was accompanied by staff. Staff were expected to dress appropriately and to carry a company identification badge. The manager told us that they supplied photographs of Carers for people who were living with dementia. This supported them to have a meaningful way of identifying staff who were coming to visit.

Staff gave examples of how they took care to consider people's feelings about receiving personal care. One member of staff spoke about how important it was to, "Consider how it must feel." They explained they were mindful that people may feel uncomfortable and took steps to ensure people were covered with a towel to maintain their dignity, and were supported to do as much as they wanted to do for themselves.

Is the service responsive?

Our findings

People were involved with planning their care to take account of their individual needs and preferences. The registered manager or senior team carried out a full consultation with people who were considering using their services. These consultations involved the person who would be receiving care and any family members or friends that the person wished to be included. Records showed that the support planning was always completed before support was given.

Before visits to a person started, each member of staff that was to work with the person had an introductory meeting. The manager explained this was to ensure that the person and member of staff were compatible and had something in common. If the member of staff was not a good match for any reason, the manager said they would try to identify a different member of staff for the person.

Many people told us about the care and attention the manager or senior staff took to find out about their needs and to ensure that a compatible member of staff was allocated to them. One person told us, "They ask you about your interests and see if there is a member of staff who is interested in that too. It makes it better for both then!"

Each member of staff worked with a small number of people, and were knowledgeable about their needs and preferences. This enabled them to provide a personalised service. One member of staff said, "You really get to know people. I enjoy seeing people because we have built up such a good relationship and I know the difference between what makes a good day and what makes a bad day."

People's support plans were reflective of their needs and were detailed and personalised to ensure each person received individually tailored support. People told us they were involved in regular reviews of care and support plans and that the manager was very responsive to requests for changes in support.

The manager confirmed that people's support hours were flexible to ensure they could make arrangements to maintain relationships, pursue hobbies and interests and be part of their local community. For example, people's hours were moved to enable them to go to church, or attend an appointment. One person told us, "If I have an appointment or anything like that, as long as I tell them they will change the times to accommodate it".

The manager told us about a recent occasion when the service had responded quickly to support a person to come home from hospital, ensuring that care was put in place to enable them to do so safely. On another occasion the service were informed that a person had been burgled. They immediately arranged for a member of care staff to visit the person for reassurance and support. When a person's needs changed significantly, the service worked in partnership with other professional to ensure the right equipment was in place and also doubled the support hours provided to support the person to remain at home for as long as possible. These examples demonstrate that the service was very responsive to people's needs even at short notice.

The provider listened to people's comments and complaints and responded to them. One person told us, "I don't have anything to complain about. I know I could speak to the manager if I did, but I've not needed to." 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 within the timeframes set out in the provider's policy.

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 staff were all very positive about the management of the service. A person told us, "I have had contact with the manager, who is equally good [as the support staff]. They are absolutely spot on and I would absolutely recommend them." A relative said, "I only deal with the office very occasionally, but they are always very obliging, ring us if there is going to be a delay or to tell us anything we need to know. We're very happy. We only have a little bit of help at the moment, but if or when the time came where we needed more, Home Instead would definitely get the job."

A staff member said, "The support here is brilliant. You can ring [manager] anytime and it is not a problem, she will be straight there sorting things out." Another member of staff said, "It is a great company to work for. The people come first. We really get to know people and because all the calls are at least an hour long, we have the time to make a difference to people's lives I think." The provider and the registered manager took steps to ensure that the efforts of staff were acknowledged and rewarded. A carer of the month certificate and small gift was presented to staff who were considered to have gone above and beyond their expected duties.

Person centred care and the core values of kindness, compassion, involvement, dignity and respect were clearly embedded in the service, promoted by both the provider and the manager and understood clearly by staff. Staff told us they were proud to work for the service and this was clearly reflected in their discussions with us about their work and the compassion with which they spoke about the people they supported.

Through our discussions with the manager and the provider, we found they had strong values and leadership skills. They had a high expectation that staff would share their values as well as comply with the policies and procedures of the service and looked to recruit staff that showed these qualities. The provider and registered manager were 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 Lasting Power of Attorney, and 'scam' awareness to enable staff to encourage people to avoid the many telephone and postal scams that take place.

The provider and the Registered manager worked hard to maintain good links with the local community. For example they worked with Action Fraud and the Alzheimer's society to deliver talks to both staff and the wider community. In the lead up to Christmas last year, the service had supported a charity to raise over 100 presents for older people in the community who might otherwise have gone without. The manager confirmed that work towards this had started for this Christmas.

There were effective systems in place to monitor the quality of the service provided. People were asked for feedback about the service they received and they confirmed the management listened to their views and kept them up to date with any action being taken to make improvements to the service.

The manager carried out regular audits to check the quality of care and looked at records such as care plans and medicines administration records. A new system had just been implemented which enabled the manager to keep track of when tasks such as supervision, audits and spot checks were due. People and staff said that the manager and senior staff made regular spot checks to observe the care staff provided.

Throughout our visit, management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced. Staff told us they felt the service was open and transparent and that they were encouraged to put their views forward.