

Landmark Care Ltd

Home Instead Senior Care

Inspection report

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Date of inspection visit:

07 August 2019

08 August 2019

Date of publication:

22 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Home Instead Senior Care provides personal care and support to people in their own homes. Home Instead Senior Care is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name.

People's experience of using this service and what we found

People were protected from abuse and avoidable harm. People said they felt safe with staff, who had the training and skills they needed to provide care safely and effectively.

Care plans were detailed and explained how people liked personal care provided and what activities they enjoyed. Risk assessments were in place to ensure people's safety. Staff knew how to recognise and report abuse and were confident their manager would respond to any concerns raised.

Medicines were managed and administered safely and recruitment practices continued to be followed. A range of checks remained in place to ensure people's and staffs' safety. Staff were well supported through training and supervision.

The registered manager was readily available to people, relatives and staff. They had an open and honest approach to complaints.

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

Rating at last inspection

The last rating for this service was good (published 28 February 2017).

The overall rating for the service has remained good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one ASC inspector and an Expert by Experience who made telephone calls to people, their relatives and staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 August 2019 and ended on 27 August 2019. We visited the office location on 7 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including quality monitoring and complaints and compliments.

After the inspection

We requested further information from the registered manager related to the service. This was provided promptly.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe with staff. One person said, "I know who will be coming well in advance."
- Staff had a good understanding of safeguarding and whistleblowing procedures and knew how to identify and act on any concerns.
- Safeguarding incidents had been reported appropriately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to people and to the staff providing their care. This included environmental risks in people's homes and risks associated with people's care needs.
- Staff had received training in how to use specialist equipment safely.
- There was a contingency plan for dealing with unexpected or adverse situations, such as shortage of staff due to illness.

Staffing and recruitment

- The registered manager confirmed there had not been any changes in the staff recruitment processes since the last inspection, where we found the systems to be safe. One member of staff said, "Absolutely there are enough staff to cover. Clients are local and there is always someone who can cover in an instant and I know the client will be in good hands."

Using medicines safely

- Medicines continued to be managed safely and people received their medicines as prescribed. Comments made included, "The only medication they have been involved with has been eye drops and that went OK." A relative explained how staff "help with medication, it's in a blister pack and all goes smooth as clockwork". Staff had received appropriate medication training.

Preventing and controlling infection

- Staff had access to and wore personal protective equipment such as disposable gloves and aprons. They had received training in this area.

Learning lessons when things go wrong

- Accidents, incidents and complaints were recorded and reviewed for themes that might suggest further action was required.
- Lessons learned were shared with staff through supervision or team meetings as appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments and care plans were comprehensive and easy to follow. They reflected people's individual needs and gave clear instructions for staff. Comments from people included, "They [staff] will either bring me a bowl of water so I can wash myself or will wash me the way I want." One member of staff said, "I always give [person's name] a choice, even though I know he might not make the choice that I would wish him to. [Person's name] needs to feel in control."
- Care plans were regularly reviewed and updated with the person, their family and professionals when appropriate. Staff had access to records that were electronic and could be updated immediately. This meant they had accurate, up to date information about each person they supported.

Staff support: induction, training, skills and experience

- Staff knew people and their needs well and were skilled in caring for people.
- Staff told us they had received training in subjects such as: dementia; dignity and respect; recognising signs of illness; and general wellbeing. Staff were up to date with training. One member of staff told us, "Lots of training opportunities available. I can have a chat with our training instructor to find out what I need and I have signed up for more dementia training to help me support one of my existing clients."
- Staff were supported through regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development.
- New staff had an induction and were expected to attain the Care Certificate if they did not have qualifications and experience in care work. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. Staff told us their induction training had given them the necessary skills they needed to carry out their role.

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

- Staff assisted some people to eat and drink. Care plans made it clear whether people needed support from staff, and if so, what assistance was required. One person told us, "They [staff] always check that I have a cup of tea and some water for later before they go, and they leave me with some snacks too."
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists.

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

- Care plans addressed any support people needed to manage their health.
- The service was proactive about referring to health professionals if there were any concerns about

people's health. Care records contained details of contact with an occupational therapist and GP. One person said, "They [staff] would get help for me if I needed it and have done." A member of staff recounted how they had informed the office when a person's mobility had changed, and the office had contacted the person's occupational therapist accordingly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- People's consent to their care as set out in their care plan was recorded in their care records.
- Staff told us how they supported people to make decisions about their care and support. People confirmed that staff asked them before supporting them in tasks or with personal care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect, and involved as partners in their care.

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

- People's assessments and care plans set out clearly what was important to them, including protected characteristics such as religion where these were relevant.
- All staff had received training in equality and diversity.
- People and relatives described the staff as being "polite, cheerful, kind, patient and very professional" and said, "The carers are just amazing".
- Several people described not feeling rushed at all when staff were supporting them.
- Staff ensured a person who was being discharged from hospital, had food, a clean home and bedding for their return home. This was provided free of charge.
- Staff ensured a person was supported to improve their living environment, this had a positive impact on the persons wellbeing.
- Staff had developed positive relationships with people and spoke about people in ways that demonstrated they cared for them.

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

- People were able to express their needs and choices and staff understood their way of communicating.
- People were encouraged and supported to maintain contact with those important to them including family and friends.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of supporting people to do as much as they could for themselves.
- Regular spot checks on staff considered how they respected and promoted dignity, such as closing curtains when providing personal care. People told us their privacy, dignity and independence were maintained and respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care. Their needs, abilities, background and preferences were documented, known and supported by staff. Care plans were regularly reviewed to ensure they remained current and provided accurate information about how to meet the people's needs.
- Without exception, people and relatives described having regular staff who arrived when they expected them.

Meeting people's communication needs

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

- Assessments and care plans detailed people's communication needs and how staff were to support them with these.
- Staff received training from the Speech and Language Team (SALT) regarding different communication aids. This enabled a person to continue to make their needs and wishes known to staff.

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

- People were encouraged to pursue interests and participate in the local community, where this formed part of their contract with the service.
- The service had purchased an electronic device designed to enable older people to contact their friends and relatives via video calls, and to send and receive emails. One person used the device to contact family when they were unable to attend a wedding, this made them feel involved even though they were unable to attend. Another person used the device to listen to audio books.
- Staff had time set aside to telephone people for a chat and to find out how they were. This also ensured the person had regular contact with the service.

Improving care quality in response to complaints or concerns

- Complaints had been responded to. People and relatives were confident that when they had raised any issue they were listened to and action was taken to resolve the problem.
- Staff described how they knew if people were not happy by how they expressed themselves. They explained how they responded to this at the time to try and resolve the issue.

End of life care and support

- During the inspection the service was not supporting anyone who was anticipated to be close to the end of their life.
- People's assessments and care plans reflected their preferences for end of life care.
- Staff said they had received training in end of life care, which would be refreshed if someone using the service was nearing the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and relatives expressed confidence that the service was well run. Comments made included, "There is always someone polite and professional on the end of the phone." A relative told us, "Management is very efficient. The organisation is first class and they will always do what they say they will do. I am very confident leaving the carers with my [relative]." One person said, "Only had praise for them. I feel I can contact them at any time" and "They are on the ball and ultra-efficient."
- All staff said communication was good with the office staff who used e-mails and texts as necessary.
- The service was monitored through a range of audits. Action was taken on any areas identified as needing improvement. The service had introduced an electronic system for amongst other areas, keeping care plans up to date in 'real time'. Staff described this as being "much better as it doesn't cut into the time we are given as much as when everything was written down."
- Staff frequently got feedback and additions to e-mails from management saying, "Thank you for all your hard work". Several staff mentioned that this meant a lot to them.

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

- There was a clear, positive and open culture amongst the management team and the care staff.
- Staff described how they had opportunities to celebrate good practice, which made them feel valued. They were also able to share and learn from experiences in meetings and supervisions.
- The service made phone calls to five or six staff each Friday, known as 'Positive Friday'. This was to show appreciation to staff and focused on positives of that week, including the personal well-being of the staff.

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

- The registered manager was aware of their responsibilities under the duty of candour and this was promoted to staff via staff meetings and supervisions.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had training in equality and diversity and described how they would respect and promote people's

rights and differences.

- People's opinions about the service was sought in many ways, such as regular telephone calls, reviews and during staff spot checks. One person told us, "I would recommend the agency and have already done so."
- Regular staff meetings took place to ensure information was shared and expected standards were clear and minutes were shared with all staff. All staff said that it had been made clear to them what their roles and responsibilities were.
- All staff said that they felt well supported by the management and were encouraged to get in touch in the event of any problems.
- The service arranged free social events such as monthly tea dances and silver Sundays to help combat loneliness and isolation. The service also arranged 'Friendship and Memory Groups' that provided a range of activities including indoor curling, seated yoga and music therapy. And educational sessions regarding Alzheimer and Dementia awareness.
- The service arranged fundraising events for charities providing dementia support, due to the majority of people using the service are living with dementia.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.