Independent People Homecare Limited

Independent People Homecare Services Limited

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

Independent People Homecare is a domiciliary care agency (DCA) which provides care and support to people in their own homes. At the time of our inspection ninety people were using the service.

The inspection took place on 11th August 2016 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that the registered manager would be available. The last inspection of this service took place on 13th February 2014 and at that time the service was meeting all the required standards inspected.

At the time of inspection 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 and associated Regulations about how the service is run.

People were safe at the service. They were protected from harm by staff who were aware of their safeguarding responsibilities. Staff understood what constituted abuse and knew what take action if abuse was suspected.

People had risk assessments and risk management plans in place to guide staff on how care was to be provided in order to prevent or minimise the risk of people coming to harm.

People were supported to manage their medicines by staff who were trained and assessed as competent to give medicines safely

Systems and processes were in place to ensure the safe recruitment of staff with sufficient numbers of staff employed to safely meet people's needs

Staff had access to relevant training and regular supervision to equip them with the knowledge and skills to care and support people effectively.

The legal requirements of the Mental Capacity Act 2005 (MCA) were followed when people were unable to make specific decisions about their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

People were supported to have enough to eat and drink which met their personal preferences and any health needs. The service worked with health and social care professionals when staff had concerns about people's health and wellbeing.

People's care plans were reviewed regularly. People were involved in the care planning process and in decisions about their care and treatment.

Staff were kind and caring and treated people with dignity and respect.

Care was tailored to meet people's individual needs. Care plans detailed how people wished to be supported.

There were procedures in place to support people if they wished to complain or raise concerns about the service.

The provider had systems in place to monitor the quality and safety of the service provided.

Feedback from staff and people who used the service was sought and the information was used to drive improvements.

Staff felt well supported by the management team who they found approachable and accessible.

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.

Medicines were managed safely.

There were sufficient numbers of suitably qualified staff to keep people safe.

Staff were aware of their safeguarding responsibilities to protect people against the risk of abuse.

Risks were assessed and managed safely.

Is the service effective?

Good

The service was effective.

Staff had the necessary training and supervision to equip them with the skills and knowledge to support people effectively.

People were supported to make their own decisions in accordance with current legislation and guidelines.

People had enough to eat and drink and were supported to maintain their health and wellbeing.

Is the service caring?

Good

Staff were kind and treated people with dignity and respect.

People felt included in their care planning and were listened to.

Staff promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care was tailored to meet people's individual needs and reflect their preferences.

People were supported to engage in activities of their choosing.

Systems were in place to respond appropriately to concerns and complaints.

Is the service well-led?

Good

The service was well-led.

The management team were visible and approachable and staff felt well supported and listened to.

Quality assurance processes were in place to monitor the safety, quality and effectiveness of the service.

The service sought feedback from people and staff to drive improvements.

Independent People Homecare Services Limited

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.

The inspection took place on 11th August 2016; it was completed by one inspector and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service so we needed to be sure that someone would be in.

Prior to the inspection we reviewed the information we held about the service. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law

During our inspection visit, we observed and spoke with two people who were receiving care and support in their own homes. We spent time observing the interactions between the people and staff.

As part of the inspection process we spoke to the registered manager and eleven members of staff. We also spoke with twelve people who used the service and two relatives of people who used the service.

We reviewed ten people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how information was gathered to improve the service. This included medicine records, the provider's quality assurance audits, satisfaction surveys and records of complaints, accidents and incidents. We also looked at ten staff record files, the training programme and staff rota.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "We feel very safe when they [staff] are here."

Staff understood how to protect people from harm and were aware of the tell-tale signs that could alert them that someone was being abused. Staff knew how to report concerns and were confident that if they raised a safeguarding or whistle-blowing alert the registered manager would deal with their concerns promptly in order to keep people safe. We saw that the registered manager recorded and dealt with safeguarding issues, including notifying us of concerns in a timely fashion.

Risks to people were assessed and managed safely. Where people were identified at risk of falls, falls diaries were kept and the information shared with appropriate health and social care professionals. People at risk of not having enough to eat and drink were monitored using food and fluid charts and the service made referrals through the GP for dietician input if required. Risk assessments were reviewed every three months or sooner if something changed. Written records showed that people and their relatives were involved in decision making regarding how risks were managed.

We found that risks were well managed to protect people from harm whilst at the same time promoting their rights to be independent. For example, one person told us, "I wear a wrist pendant, I put it on myself but they will remind me if they see I'm not wearing it." We saw that risk assessments were written in a way that emphasised the importance of supporting people to exercise choice and control. For example, where a person had a risk assessment in place because of their confusion, staff were instructed to enable and support the person to make their own decisions and choices and check with them that they were happy with the decisions they had made.

We looked at ten people's care records and saw that the service had completed a wide range of risk assessments that were individually tailored to meet people's specific needs. Management plans were in place which provided staff with information and guidance so they knew how to support people safely and what actions needed to be taken to minimise risk. Staff we spoke to demonstrated a good awareness of the risks to people and how they should be managed. One staff member told us, "[Person] is at risk of falling, I make sure there are no trip hazards around the home and always help them to get in and out of their chair."

People and staff told us they felt there were sufficient workers employed to meet people's needs. They said that staff were mostly not hurried and always stayed for the length of the booked visit. One person said, "They are never rushed, we talk and have a laugh and a chat." Thirteen out of the fourteen people we spoke with told us that staff had never missed a call and were on time most of the time and that they were usually notified if staff were delayed. One relative told us their family member had experienced missed calls however, more recently the situation had improved. We discussed this with the registered manager who advised us that the calls were not missed but were outside the preferred time slot requested but this had since been adjusted to improve the service the person received.

People and relatives told us that whilst the service tried to accommodate their wishes they were not always

able to have their regular carer so people often had several different workers providing care and support. However, when a new member of staff visited someone for the first time they were always accompanied and introduced by a worker who the person knew to ensure that they felt safe.

Safe recruitment processes were in place for the employment of staff. All of the relevant checks had been completed before staff began work. This included taking up references, which were then verified by the manager, and obtaining a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People's medicines were managed safely by trained staff who were regularly checked to ensure they were competent. Staff had medicine competency checks every three months. The senior staff member responsible for this task told us, "When I go out we discuss medicines, their side effects, dosage etcetera all as part of the check."

We checked medicine records and found that people were receiving their medicines as prescribed. People had separate medicines administration records (MAR) for medicines and creams which were accurate and contained no gaps or errors. There was guidance in place for people who were on PRN (as needed) medicines which included details about the amount of these medicines people should be given and the reasons why they should have it.

Regular medicine audits were completed to monitor the safe administration of people's medicines. Where errors were identified, for example, if a gap was noted on people's MAR sheets, action was taken and staff were provided with additional training and checked to ensure they were competent.

Medicine reviews were organised by the service annually. If people refused their medicines, staff took copies of the MAR sheets and emailed them to the service. The service then contacted the next of kin or GP to advise them so that people could be assessed to see whether they needed a medicines review sooner.

Good

Is the service effective?

Our findings

People told us that they received a good service. Comments included, "They're brilliant, absolutely brilliant." And, "They're fantastic girls, I wouldn't say a bad thing about them, I'm really pleased with the service."

We found that staff were sufficiently skilled and knowledgeable to meet people's assessed needs. One person said, "The staff are very well trained and they are very professional." Another said, "They really know what they are doing." Staff were pro-active in ensuring people's needs were met, for example, by signposting relatives to appropriate services such as occupational therapy so that people could be assessed for equipment that would support them to remain independent. This demonstrated that staff were observant and ensured that people received effective care and support.

When new staff joined the service they received an induction which provided essential training, based on the care certificate. The care certificate represents a set of minimum standards that social care and health workers should stick to in their daily working life. The induction process included the opportunity for new staff to shadow more experienced workers to build their confidence and be assessed to ensure they were competent to work unsupervised.

Staff told us they had been provided with all the training they needed to enable them to feel confident to carry out their roles and responsibilities competently. We looked at the organisation's training matrix and saw that all staff training was up to date.

The service employed a highly qualified in-house trainer who told us they kept up to date with best practice through accessing NHS training and external on-line resources. They provided a mixture of face to face classroom based teaching and additional E-learning to staff including asking staff to complete reflective learning exercises so they could monitor and assess workers level of understanding and knowledge. The trainer had also made use of an on-line learning platform called 'Moodle' which was used to provide additional learning and share information on best practice. They also sent out a quarterly newsletter to support staff to continue to develop professionally.

Where appropriate, staff were trained and assessed whilst on the job rather than in a classroom. For example, the trainer told us that to support staff to understand risks related to the environment and fire safety they would visit staff when they were at work in people's homes and complete a 'walk and talk'. This involved the trainer walking around the home with staff highlighting potential hazards and risks and testing smoke alarms.

The management team advised us and staff confirmed that workers received regular competency checks to ensure they had the skills and knowledge required to meet people's needs. Staff also received regular supervision, were invited to monthly team meetings and received annual appraisals. This meant that staff were consistently monitored and supported by the management team to ensure they could care for people effectively.

Aside from mandatory training, staff were supported to undertake specialist training specifically tailored to meet the needs of the people they cared for, for example, training in end of life care and dementia. The service had a designated champion for dementia as well as safeguarding, whistle-blowing and palliative care champions. The champions were responsible for improving awareness in particular areas and providing additional support and guidance to staff should they need it.

If staff were interested in particular specialisms or developing their skills the service supported them to do so. Many of the staff we spoke to told us they were supported to take further more advanced qualifications in health and social care.

Staff also received training in the Mental Capacity Act 2005. All of the staff we spoke with had a good understanding of how to apply the principles of the act in practice to support people to make decisions. This legislation provides a legal framework for acting and making decisions on behalf of people who lack the capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the steps they should take to support decision-making, for example, presenting information in a way that people could understand and allowing people time to process information. One staff member told us, "We always presume people have capacity but where we have doubts we will monitor this." Another worker said, "I would show people options to help them make a choice but not too many as this can be confusing."

Staff understood the importance of asking people for consent before providing any care and support. People told us that staff always asked their permission before helping them. One staff member said, "I tell [person] what we need to do and then I check with them that this is ok, I will continuously check that they are still happy for me to do things."

Where people had particular mobility needs, for example, requiring hoisting, staff received practical training so that they could support people safely. Staff told us that they were encouraged and supported to seek additional advice and support if required. One worker told us, "I wasn't sure about something so I went back to the office and asked the trainer to show me again."

People had hoist and sling fact sheets in their care plans which were very detailed and provided excellent instructions on how to move and position people correctly and also how to monitor the safety of the equipment. Staff were also instructed to consider people's emotional state when being hoisted and were advised to verbally interact with people, explain what was happening and provide reassurance so that people felt safe.

People told us that staff supported them with their meals if required. Drinks and snacks were left for people during the day so that they had enough food and fluid throughout the day. During this inspection we visited a person in their home who was being supported by staff. They told us, "I choose what I want to eat and the carers make it for me, She's [staff] making me a lovely salad for tonight."

We saw that the service worked with health care professionals to support people with special nutritional needs, for example, those with swallowing difficulties or where people required percutaneous endoscopic gastrostomy (PEG) feeding. Staff received training and guidance from the Speech and Language therapists and PEG feed nurse so that they could meet people's needs.

People were supported to maintain their health and wellbeing and if people became unwell; staff called for support from the GP or paramedics and stayed with them until help arrived. A relative told us, "The carer was excellent, after we told them that [Person] had fallen, they took the bull by the horns and got an

ambulance and we are very glad they did."

People's care and support plans provided contact information for all health and social care professionals involved in people's care. This meant that the service could support people to access the health care and therapy services they required to meet their specific needs. We were advised that a member of the management team was also a qualified physiotherapist. They used their qualifications and skills to provide guidance to staff on how to support people through delivering gentle exercise programmes that aimed to increase people's mobility and helped them regain function.

Good

Is the service caring?

Our findings

People and relatives told us the staff were kind and caring. One person said, "They're all lovely girls, kind and caring." Another said, "The girls are all very kind and sweet to me."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. For example, one worker told us, "[Person] is very shy and reserved and it takes time to get to know them. I know them well now, I know where they worked, I know about their children and how they like things done."

During this inspection we visited two people in their homes who were receiving care and support. We observed that staff interacted with people in a kind and courteous manner, they smiled and joked with people and put them at their ease. People told us the staff were obliging and would put themselves out to help them. One person told us, "[staff member] bless their heart is defrosting my freezer for me at the moment as it was frozen."

People's daily notes were written in a sensitive way and commented on people's moods and what they had enjoyed doing. We saw entries which recorded, "Had a nice chat." Evidencing that staff were not task-focussed and took the time to talk to people.

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, "They listen to me and do whatever I need."

We found that people's care plans provided written guidance to staff on how to help people with their communication. This meant staff knew to make sure that people were wearing functioning hearing aids and that their glasses were clean and within reach. When people had more complex communication needs, staff were advised how best to support people to ensure understanding. For example, one person's care plan instructed staff; "[Person] uses a computer listen carefully and give them time to answer, they are able to make all their own decisions so please consult them about their everyday needs."

People and their representatives, where appropriate, were fully involved in regular reviews of their care and support plans. Part of the review process involved checking to make sure that the person was aware of the contents of their care plan and that they continued to consent to receiving the support. Reviews took place every three months in people's homes and the service also made regular courtesy telephone calls to check that people were happy with the support they were receiving. A person told us, "They usually ring me every month to find out if everything is ok."

A satisfaction survey was included in people's care review which checked whether people felt they were treated with dignity and respect. In all ten of the care plans we looked at people had answered positively. All of the people we spoke with told us they were treated respectfully and their dignity was maintained. One person said, "They are very respectful to me and my partner." Another said, "They definitely treat me with respect, they always shut the bathroom door, keep me covered."

The staff we observed and spoke with demonstrated that they understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values such as knocking on doors before entering, covering people up to protect their modesty when providing personal care and providing any personal support in private.

We saw that care plans were written sensitively and emphasised the importance of promoting people's independence by recognising their strengths and what they were able to do for themselves. People told us that the service supported them to be as independent as they wanted to be. One person said, "I want to do things for myself, they help me be independent."

Staff were aware of the importance of empowering people to be as independent as they could. One staff member told us, "[Person] chooses what they want to do, they will cook I do not interfere I let them do it and just stand back, if they ask for my help then I help otherwise it is their decision."

Good

Is the service responsive?

Our findings

When people began using the service they had an initial assessment. Information was sought from the person, friends and relatives if appropriate, and other professionals involved in their care. The information gathered informed a more detailed care and support plan which was tailored to meet people's individual needs.

We looked at ten care plans which clearly explained how people would like to receive their care and support. People and their relatives told us that they were included in the development of their care and support plans. We saw that the plans were signed evidencing peoples involvement in the process. The care plans that we looked at were written in the first person and detailed daily routines and personal preferences specific to each person. They were written in a person centred way which means they were all about the person and put them first.

We spoke with a relative of a person who received a live-in care service to find out if the service was providing person-centred care. They told us, "It is not easy moving into someone else house, it is an older person's house but they are not fussed about anything in the house, they work selflessly and are very flexible in what they provide."

Speaking with staff we found they were familiar with people's life histories, routines and preferences. One staff member who was a live-in carer told us how they supported a person in the way they wanted. They said, "[Person] likes to go out a lot, we go to 'singing for the brain', coffee, 'turning point'. I have a car so have taken them to Duxford, Hendon, museums in London. We also go shopping together and they choose the food."

There were systems and processes in place to respond to complaints. We saw that the manager responded appropriately to complaints in accordance with their policy. They logged and investigated any complaints received and recorded any actions taken in response to resolve them. We found complaints made had been dealt with in line with the provider's complaints procedure and to people's satisfaction.

People and their relatives told us they knew how to make a complaint if necessary. A person told us, "I have never needed to complain but if I needed to I would go to the registered manager, they are good." Another said, "I would talk to the office if I had a complaint, I have their number." People told us that when they raised a concern this was dealt with satisfactorily and the service tried to be accommodating. Everyone we spoke to with one exception was happy with how their complaints had been dealt with.

The service supported people to maintain important relationships. Relatives told us how the support provided enabled them to have more positive relationships with their loved ones. One person told us that if children were visiting them at home whilst staff were there they found the staff were very good with them.

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

A stable management team was in place which was enthusiastic and committed to driving improvements and providing a quality service. This included the directors of the organisation who were very supportive of staff and were visible within the organisation. Staff told us they found the management team approachable and felt well supported and listened to.

People and staff spoke positively about the registered manager. One staff member said, "[registered manager] is always there for you, they provide great support and are a good listener and very mindful of confidentiality." This meant that staff felt confident to approach the manager with any whistle-blowing concerns as felt they would be dealt with fairly without recrimination.

The service promoted a positive culture that was person-centred and open. The manager told us that once people's daily notes were returned to the office they were shared with family members upon request so that they could see what support was being provided to their relatives.

Staff said they enjoyed working at the service and found it to be a caring organisation which they would feel confident to use for their own family members if needed. They told us that good management and leadership was in place and they appreciated having access to a diverse mix of management personnel with lots of different skills and experience they could draw upon. Staff said if they were experiencing difficulty in their day to day duties senior staff would work with them to provide help and advice. One worker told us how they were concerned about a person's safety in the shower. They told us they asked a senior for help who came out with them to visit the person and provided additional support and guidance.

Staff were supported by management through monthly staff meetings. They were invited to contribute to the agenda so that they were involved in the running of the service. We looked at the minutes of staff meetings and saw that they were used constructively to share information and where action points were raised a designated person was identified to take responsibility for the actions to ensure issues were dealt with.

We saw that the service also gave out 'Applause' Awards in recognition of staff for the work they did. This ensured that staff commitment was recognised which encouraged staff retention and meant that people would be supported by a stable and consistent workforce.

The management team actively sought input from its staff into the running of the service and had recently sent out an anonymous survey to obtain their views. In response to feedback received the service had organised a 'Better Together Week'. This was a weeklong activity aimed at improving communication between staff and management. Staff also received a regular newsletter so they could keep updated with any developments within the service.

We found that people who used the service or their representatives were also asked for their views so that they could comment on the quality of service they received. In addition to the monthly courtesy calls and satisfaction questionnaire provided during reviews, the service also sent out an annual quality survey to collect feedback about the service. Information received was used constructively to drive improvements.

Quality assurance systems were in place to monitor the safety and effectiveness of the service being delivered. The manager and their team completed a range of audits to assess and monitor the safety and effectiveness of the service and make improvements as necessary. For example, where the medicines audit had picked up on mistakes staff were making, a new MAR sheet was developed to make recording people's medicines simpler for staff to complete. In this way errors would be reduced which would increase people's safety.

An electronic log-in system was made available for staff to use when they visited people's homes. This system monitored how long staff stayed during visits. An audit was completed every month to check whether staff were staying for the allotted times and this information was also double checked against people's daily records which were also audited. We saw this had a positive effect on the service people received as everyone we spoke with confirmed that staff stayed for the duration of their allotted calls.