

## Home Instead Senior Care

# Home Instead Senior Care

### Inspection report

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12 October 2016

13 October 2016

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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 announced inspection took place on the 11, 12 and 13 October 2016. Home Instead Senior Care provides a personal care service to people who live in their own homes in the East Hertfordshire and Uttlesford area. At the time of our inspection the service was supporting 133 people.

There was a registered manager in post at the time of our inspection. 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.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

People were cared for safely in their own home. There were risk assessments in place to mitigate any risks which supported people to live independently. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People received care from staff that were compassionate, friendly and kind and who would go the extra mile to support people and their families. Staff had the skills and knowledge to provide the care and support people needed and were supported by a management team which was receptive to ideas and committed to providing a high standard of care.

The registered manager supported a management team which was approachable and supportive. There were systems in place to monitor the quality of the service provided and actions taken to improve the service. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

## 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 felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support and remained as independent as possible.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their dignity was protected and promoted.

People were encouraged to make decisions about how their

support was provided and staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

### **Is the service responsive?**

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint and were confident any issues would be addressed.

**Good** ●

### **Is the service well-led?**

The service was well-led.

People and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The provider and registered manager monitored the quality and culture of the service and strived to lead a service which supported people to live as independent a life as possible.

**Good** ●

# 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 announced inspection took place on 11, 12 and 13 October 2016 and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social commissioners who monitor the care and support of people living in their own home.

During the inspection we visited three people in their own home and spoke to seven people who used the service who had agreed we could telephone them. We also spoke to a relative, four care staff, three senior carers, a client experience manager, a scheduling manager, a community service representative and the registered manager.

We reviewed the care records of six people and five staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

## Is the service safe?

### Our findings

People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. People and their relatives told us they felt safe with the care staff. One person said "I trust all the people [staff] and feel safe with them coming into my home." A relative said "I would say if I was not happy with the staff; I had previous experience with another agency who did not safely handle [relative]." Staff told us that if they had any concern they would report it straight away to a member of the management team. Staff had confidence that the appropriate action would be taken. We saw from records that referrals to the local safeguarding team had been raised by the registered manager and action taken when necessary. The staff were supported by an up to date safeguarding procedure and undertook regular training in relation to safeguarding.

Peoples' care plans contained risk assessments to reduce and manage the risks to people's safety. For example there were risk assessments in place for people who had difficulties in mobilising; there was detailed information as to what equipment was needed and how it should be used correctly to mitigate any risk. The management team reviewed the care plans regularly and staff told us that if they had any concerns one of the management team would visit and revise the plans and risk assessments. One member of staff told us that after they had raised concern that a person's care plan did not give a detailed enough picture of the person's difficulty with mobility and what had changed for them; the care plan was updated and information about the person's mobility difficulties was addressed.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for Home Instead Senior Care. All new staff worked alongside established staff before they were allowed to work alone.

Training records confirmed that all staff had received health and safety, manual handling and infection control training. Accidents and incidents were recorded and reviewed to look for any incident trends and to see whether any control measures needed to be put in place to minimise the risks.

People told us that they felt there was a sufficient number of staff to meet their needs. One person told us "They always come on time and stay for the full time; they never seem pressured for time." The provider only took on new people if they had sufficient resources available to meet the care and support safely. People told us that they usually knew who was coming each day and that if staff were running late they were normally informed. The staff we spoke to said they felt there were enough staff and that they had the time to support the people with their personal care needs; if they needed more time they just contacted the office to let them know. We could see from the staff rota that the needs of people had been taken into account when planning the rota and consideration had been taken of the travel time between calls.

People's medicines were safely managed. Care plans detailed when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and training records confirmed that this was updated on a regular basis. Medicine administration record sheets had been

correctly completed. There was information available which detailed what medicines people were prescribed. A number of senior carers were responsible for undertaking audits of the administration of medicines and where errors had been found appropriate action had been taken.

## Is the service effective?

### Our findings

People could be confident that they received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they felt the staff were all well trained and understood their responsibilities. One person told us "They know exactly what to do and appear confident in what they are doing; I know them all and feel very happy with them."

The staff spoke very positively of the support and training they had been given. All new staff undertook a thorough induction programme which included classroom based training in manual handling, health and safety, administration of medication and safeguarding. The induction was based around the 15 standards of the Care Certificate the Certificate aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The provider had also recently extended the programme to include Alzheimer's awareness following feedback from staff. One member of staff told us "I could not fault the induction it was very good." Once new staff had completed the first part of their induction they worked alongside more experienced staff before they worked alone. Staff were encouraged to undertake further training if they wished to. One member of staff said "You only have to ask if you would like more training; I have recently asked to undertake basic life skills training and this is being organised for me."

Staff told us they felt well supported and valued in their roles. We saw from staff records that all staff received regular supervision and on-going support. Annual appraisals were undertaken which enabled staff to discuss their practice and development and identify any further training they required. One member of staff said "You are given time to prepare for your appraisal which gives you time to think about what you want to discuss fully." 'Spot checks' were also undertaken; these enabled the registered manager to ensure that all staff were following the agency's procedures correctly and were delivering safe care. Staff were supported if they were found not to be following procedures.

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. We checked whether the service was working within the principles of the MCA and we saw that they were. Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been assessed as lacking the capacity to give their consent and the service ensured that appropriate steps would be taken legally to identify someone to act in their best interests. At the time of our inspection the majority people using the service were able to give their consent and were actively involved in their care plan; where it had been identified that someone lacked capacity appropriate actions had been taken and information about people's lasting powers of attorney was recorded.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person needed with regards to eating or drinking. One person told us "They [staff] come in a cook my meal for me; I choose what I have and they cook it from fresh."

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and occupational therapist. Most people told us that they or their family arranged appointments with health professionals as and when needed. One person told us "They [staff] take me to see my GP when I need to as I have no family." A relative told us "I rang the office when [relative] had a hospital appointment and they changed the time of the call so we could get to the hospital on time." Another person described to us about a time when they had been unwell and the carer had telephoned for an ambulance as they needed to go to hospital.

## Is the service caring?

### Our findings

People were supported by staff that they described as very kind, friendly and nice; always willing to help people in any way they could. One person said "They are all super; they have made such a difference to my life." Another person said "They are very nice; I have made such good friendships with them."

The staff knew people well. Care plans detailed people's preferences and choices about how they wanted their support to be given. People told us that staff took time to listen to them and respected their wishes. One relative told us "They [staff] take their time with [relative] which is important because they need to be given time and space to get moving; I have really seen a difference over the last few weeks [relative] is beginning to communicate again more with the carers which they wouldn't with the carers from another agency."

Peoples' dignity was respected and staff did not speak about other people they were supporting. Staff were able to describe what they did to respect people's privacy and dignity; they spoke about keeping people covered up as much as possible when washing them, ensuring the area personal care was being undertaken was not overlooked and asking people how they liked things to be done, explaining continually what they were doing. We saw staff ensure as they were leaving a person's home that they were comfortable and did not need anything else. One person told us "The staff are very respectful of me and my house; they are all great fun and I love our conversations."

People and staff told us that the provider was committed to providing people with the same care staff who had been able to get to know people well. One person told us "I have the same person each morning which is good especially when they have to help me wash and dress." If people had expressed a particular wish such as female only carers, this had been recorded and the person's wishes respected.

The majority of people receiving personal care were able to express their wishes and were involved with their care plans. Where people were unable to make decisions for themselves relatives had been appropriately identified to act on their behalf. There was information given to people about local advocacy services. At the time of the inspection no one had needed to access the support of an advocate but the registered manager was aware of the different types of advocates available.

## Is the service responsive?

### Our findings

People and their families, where appropriate, met with the client experience manager before they received a personal care service. This gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed. This information was then used to develop an individual care plan for people. If the provider was unable to meet those requirements then the service was not offered. This ensured that people's needs were consistently and effectively met.

The care plans contained information about people's life history, their likes and dislikes, the important people in their lives and any hobbies they had. They detailed the specific needs of people and in what way and when they wanted support. There was a commitment to try and match people with staff who shared similar interests. One person told us that they felt the management team knew what they needed and had identified the right staff who could support and care for them. The registered manager described a situation where a person living with dementia who had become quite isolated and reluctant to go out had been allocated a member of staff who shared an interest in knitting. The member of staff had encouraged the person to knit again and we saw from staff rotas that time had been given to take the person out in the local community to visit a wool shop. Another member of staff told us about supporting someone who shared an interest in gardening; together they had planted tomatoes and runner beans which they had shared with other people who cooked the produce; the person was thrilled with what they had achieved.

People told us that their care plan was regularly reviewed and updated and we were able to confirm this from the records we reviewed. One person told us "The care plan is flexible; I asked for something different and they changed it with me." Detailed daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. This ensured consistency in the care and support being given.

There was information available to people about how to make a complaint and an up to date policy in place to support the process. A couple of people we spoke to said that when they had had cause to complain about the service that their complaints were responded to promptly, they had received an apology and were happy with the outcome. Overall people were very happy with the service they received and felt confident if they had any concerns they could speak to the registered manager.

## Is the service well-led?

### Our findings

People benefited from receiving care from a team of people who were committed to providing the best possible care and support they could which was consistent and could be relied upon. People knew who the registered manager was and were confident if they wished to they could contact them. Staff felt well supported and said that they would not hesitate to speak to the registered manager if they needed to. An out of hours service was in place which meant that people could contact someone for assistance 24 hours a day, seven days a week.

Quarterly quality checks were made which involved telephone calls and visits to people to check that the service they had was being delivered in the way they wished and standards were being made. People had the opportunity to raise any concerns during the quarterly contact made by the provider or when their care plan was being reviewed. We saw from information shared with us by the provider that where staff had raised concerns about a care plan for a person the family had been involved in the review which resulted in more time and equipment being sourced to ensure the person remained at home as they wished to.

Each year the provider asked another organisation to undertake a Pursuing Excellence by Advancing Quality survey which was sent to the people using the service, families and staff. We saw from the last survey communication systems within the office had been improved in response to comments made in the survey and staff rota's had been revised.

Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met. All of the staff we spoke with were committed to providing a high standard of personalised care, support and companionship. One member of staff told us "This is an amazing company to work for; we provide person-centred care, everyone is treated as an individual."

Staff felt listened to and were in regular contact with the management. Staff told us that they were involved with the development of people's care plans. The management were receptive to their ideas and suggestions and made the appropriate changes when necessary. Meetings were held with staff which enabled them to share good practice and keep up to date with any changes or developments within the company. Staff were individually recognised for their care and commitment through weekly star of the week recognition; the registered manager sent a thank you card out to staff in recognition of their work. This helped to embed the culture and ethos of the service that is to promote independence through supporting people.

The provider and registered manager had systems in place to monitor the quality of the service and audits were undertaken by various senior staff on a regular basis which included the auditing of care plans and medication systems. There was commitment from the management team to ensure the service was compliant with the regulations and that the standard of care was consistent. An electronic monitoring system was in place which assured that people received the support at the time they wanted and for how long they needed. Any potential missed calls would be quickly picked up and appropriate action taken.

Records relating to the day-to-day management of the agency were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role.

The management and staff strived to provide people with the care and support they needed to live their lives as independently as they chose. Management were committed to providing well trained and motivated staff and to support families and the local community to better understand the needs of older people. Home Instead Senior Care delivered workshops and seminars about dementia to families, local businesses and charities and used social media to raise the awareness of people living with dementia. Supporting the local community they also sponsored 'The Carer of the Year Award'.