

Comitis LII Limited

Comitis L11 Limited t/a Home Instead Senior Care

Inspection report

Stubbers Farm
Unit 9 Suite B, Mountnessing Road
Blackmore
Essex
CM4 0NX

Tel: 01277822858
Website: www.homeinstead.co.uk

Date of inspection visit:
22 August 2018
31 August 2018

Date of publication:
17 October 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Home Instead is a domiciliary care agency. It gives personal care to people living in their own houses for 80 people. It provides a service to older adults. Not everyone using Home Instead received the regulated activity; CQC only inspects the service being received by people provided with 'personal care;' and help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the last inspection the service was rated Good. At this inspection we found the service was now outstanding.

Typical feedback included. "This is an excellent company you won't have any problems. If you ring them they will send someone to you to find out your requirements." And, "I know the person who is on the premises. If they do not come they will send a replacement. You will not get let down. My staff member very often gives me an extra 10 minutes. They do the work thoroughly." And, "Every now and again they send someone to see you, to ask if you are happy with their service. They will ask if there is anything they can do to improve. With regards to medicines, the manager will watch the staff member, while I take the tablets. They will explain everything to you. I have no complaints." And, "It is very well organised one of the best around. I cannot fault them at all."

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

The directors of the company, management team and staff continued to find ways to improve the service and remain driven by their passion for caring for people, by 'making it personal.' The service had built on their earlier rating and since the last inspection, had implemented a strategy which had been focused on how they were going to achieve an outstanding model of care. The pathway used to do this was referred to as 'going the extra mile team' approach. The vision and the value of the service was to become the most admired home care provider across Brentwood, Billericay, and Upminster.

Staff had an excellent understanding of people's needs and were imaginative in the way they gave person centred care. The provider put people at the heart of the service and looked to find creative ways of supporting people to have an exceptional quality of life.

People and their relatives felt confident that people were safe and secure when receiving care in their own homes. There were clear systems in place to ensure the safety of people who used the service. Staff had received training to identify if people were at risk from abuse or harm. Enough staff was deployed to ensure that people had a consistently reliable service. Recruitment procedures to appoint new staff were thorough. People were supported to take their medicines safely.

Staff spoke consistently about the service being a good place to work. The registered provider worked in partnership with other organisations and took part in several good practice initiatives, designed to further develop the service.

People received their care and support from a staff team, that had a full understanding of people's care needs and the skills and knowledge to meet them. Staff were given an induction when they started and had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently. Staff were regularly supervised and supported. People's needs were assessed before their care and support package began. People were provided with person-centred care which considered their needs, wishes, preferences, and any cultural or religious needs. Staff supported people to meet their nutritional and health care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's dignity and privacy was respected. People told us staff were reliable, friendly, and caring. Staff developed positive and caring relationships with the people they supported and used creative ways to enable people to remain independent.

The registered provider had a number of schemes in place to drive improvement and reward staff that used their initiative and for their outstanding contribution. The service had been highly commended and had recently won an award after being rated one of the top 20 recommended home care providers in the East of England.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

Is the service well-led?

Outstanding ☆

The service has improved to outstanding.

Comitis L11 Limited t/a 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 checked 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 comprehensive inspection took place on 20 August 2018, 22 August 2018 and the 31 August 2018 and was announced. The inspection team consisted of one inspector. We gave the service 48 hours' notice of the inspection visit because the registered manager may have been out of the office supporting staff. We needed to be sure that they would be in.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people and three relatives. We spoke with the director of the company, the registered manager, the deputy manager and six care staff. We reviewed four people's care records, looked at four staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with staff. One person said, "They are very good. They are very prompt. I have no complaints. I feel safe, I get a regular staff member you see. They never send anyone I do not know."

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager and deputy manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Risk assessments included information about action to be taken to reduce risks as much as possible, such as supporting people to eat and drink safely or to move safely around their home and reduce potential falls.

Everyone told us staff turned up on time and stayed for the duration of the visit. One relative said, "In all the years [Name] has had care, they have never had any one go in who they have not been introduced to. They always turn up on time. If there are any changes, which is unusual, they let me know in advance or apologise. That is one of the very big reasons we are happy. It is because we can depend on them. They stay for the length of time. They have consistent care and routine's and this is very, very important for someone who has eye sight problems, and whose memory is becoming worse."

Staff told us, and records confirmed, there were enough staff employed to meet people's needs. The registered manager considered travel time when arranging the rotas and these worked well. One staff member said, "They take into consideration my personal needs as well. I have to do the school run, so they take this into account. I have never been late for a visit."

Staff were recruited safely. As part of the recruitment process the registered manager asked that people suitable for shortlisting, complete a 'This is Me' document. This information was used to understand the personality and preferences of the people who were being recruited, and then used to link staff together with people according to their interests. The registered manager had undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work to ensure they were not prohibited from working with people who use a health and social care service.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicine administration records (MARs) showed that people received their medicine as prescribed and in line with the provider's policy and procedure and current professional guidance. Body maps were completed and signed by staff when they had administered creams. Information about different types of drugs people were taking was available for reference. Medicines given to people as and when needed, for

example, medicine was given for pain relief was documented correctly. Staff who administered medicines were trained to do so and told us they had their competence checked by the registered manager, to ensure people received their medicines safely.

People were protected from the risk of infection. Staff had been given infection control training and had been provided with personal protective equipment (PPE) to use. For example, disposable gloves and aprons were readily available. There was a comprehensive policy and procedure in place to guide staff. The members of the staff team that we spoke with demonstrated a clear knowledge of their responsibilities.

The registered manager looked at ways learning could take place when things had gone wrong, and used this information to look at ways in which the service could be improved. For example, debriefs were given at team meetings, so that learning from incidents could be shared. The registered manager monitored trends to look at how any incidents or accidents could be prevented from occurring in the future.

Is the service effective?

Our findings

People received care from staff who received a suitable induction. All people and relatives without exception, and that the provider delivered a high quality service. One person said, "Home instead have got excellent staff." Another person said, "They are lovely, they do what I want them to do. We have a chat, whatever I need it is there. As far as they go I cannot speak highly enough of them." And another said the service was, "Very good. The staff are very good."

Staff discussions and records confirmed, the information in the Provider Information Return (PIR) in relation to staff induction and training. A robust induction programme, which took place during the first week and extended over the first three months of a person's employment was in place. Staff were required to successfully undertake the Care Certificate, which is an agreed set of standards that sets out the skills, knowledge and behaviours expected of specific job roles in the health and social care sectors. During the induction staff also received training to help them understand the ageing process and the effects of dementia. Staff were provided with adapted equipment to help them experience some physical issues some older people live with. Shadowing was also a feature of the induction process. This enabled new recruits to shadow experienced staff before they cared for people alone. This was so new staff could become accustomed to the role and get to know the people they would support. There was a dedicated staff member responsible for the induction process they told us, "We constantly assess and work with new recruits to make sure that when they go out to deliver care to people they are fully confident to undertake the task in hand. When people need additional support and training we make sure they have this. It's a two way process and we want our staff to go the extra mile and be the best they can."

The service had a training programme, and we saw that the results of this programme had become embedded in the values of staff and was evident in their performance. Staff told us they received a programme of thorough training that enabled them to understand and meet the needs of people who used the service.

Regular supervision was carried out with staff throughout the year, along with an annual appraisal. This gave staff an opportunity to discuss how they felt they were getting on and identified any development needs they may have. All the staff we spoke with told us that they felt supported and had opportunities to undertake training to enable them to carry out their jobs effectively.

The service promoted the use of champions. These were staff who had shown a specific interest in particular areas, such as, dementia, safeguarding, and mental capacity. These lead staff members were responsible for sharing their learning, and acting as role model and point of contact for other staff.

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 received care in line with the MCA. When the provider had reason to believe people may lack capacity they carried out mental capacity assessments to determine this. Records confirmed the capacity assessments were decision specific, in line with the MCA. When the provider determined people lacked capacity they made decisions in their best interests through consulting with those who were important to the person such as relatives. Staff had a good understanding of the MCA and their responsibilities in relation to this.

The providers approach to obtaining signed consent in relation to their care arrangements was comprehensive and robust. Everybody or their representative had signed consent to their care within their care plan. When people had others acting on their behalf, there was detailed information available to know if people had representation in place. For example, information was available if people had a Lasting Power of Attorney or a Court of Protection agreement in place.

The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of healthcare professionals, such as social workers, and GPs. Care plans contained information and provided guidance to staff about people's health needs and professional's involvement.

There remained a strong emphasis on the importance of people eating and drinking well. Staff encouraged and supported people to have a nutritionally balanced diet in line with their assessed needs, while respecting people's right to make their own decisions. Care plans showed how people were to be supported with meals and drinks and what support was needed. One person said, "[Staff Member] helps me to prepare meals. Sometimes if I am not so well they do it for me and sometimes we do it together."

Staff were aware of people's specific dietary requirements and any associated risks and were able to tell us how they supported this to ensure the person had a diet that met their needs. Care plans included guidance when people from the speech and language team, and staff understood their responsibilities, when supporting person eat and drink in a safe way.

The Provider Information Return (PIR) told us that the provider had just started Home Instead Senior Care's new Nutrition Education Campaign "Stay Nourished! Eat Well, Drink Well, Age Well." This involved educating staff to enable them to host workshops within the local community.

Is the service caring?

Our findings

Both staff and management were fully committed to ensuring people received the best possible care. People told us they received care in a caring way, that exceeded their expectations. One relative said, "Staff are truly very caring and [Name] looks forward to their visits." Another relative said, "We are very pleased with the way staff have looked after [Name]. They are very kind and they are well looked after."

People told us that staff were kind and caring. One person explained, "The staff value you. They are very polite and we sit and have a joke. I found a load of old photographs the other day. It is nice, I can talk to them. We have a good rapport going on." Another person said, "I cannot fault them at all. They are excellent. In fact, when [Name] was ill. There was often so much laughter coming from the bedroom. They were brilliant."

People who used the service benefitted from the reassurance of receiving their care and support from staff who understood them and knew how to motivate their involvement in meaningful activities. When giving feedback, one relative said, "It was fantastic that [Name of staff member] was able to take [Name] out to the coast for the day in the summer. It gave us happy memories. I would recommend anyone to Home Instead."

People told us they had felt fully consulted when the registered manager met them to explain about how the agency operated and conduct an assessment of their needs. The assessment process took into account people's protected characteristics as age, gender, cultural beliefs and sexual orientation. This information was used to draw up the care plan. The care plans showed that people were asked for their views about how their care and support should be delivered and they were encouraged to make their own decisions wherever possible.

Care plans explored people's needs in a holistic way. For example, we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored. People were asked if they wished to receive personal care from staff of the same gender and their choice had been respected.

Staff had an in-depth knowledge of the people they were supporting and could describe in detail things that were important to them. Staff were matched to people with similar characteristics, hobbies, or beliefs. Staff were asked to complete a document which helped the registered manager match staff effectively to their clients. People were matched with staff so they could share their interests. For example, one staff member had previously worked for the police, and was supporting a person who had also worked for the police force. Another person was matched with a staff member because they both like, darts, snooker and football. This enabled staff to develop positive relationships and share interests with the people they supported.

People and their relatives told us they valued their relationships with staff. Some feedback about the service described it as, "I was recommended this company, by someone who had a good experience. I have not been disappointed. They are a very compassionate and kind group of people."

Staff looked at ways people's independence could be promoted and supported. People told us that staff

helped them when they needed it 'but did not take over.' They told us staff enabled them to continue to manage aspects of their personal care and daily lives. Staff confirmed the importance of maintaining people's skills and independence. They supported people to complete tasks, only after asking the person first.

Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. One relative explained, "The staff take it very slow at undertaking tasks. Care giving is not rushed. They make sure there is enough time to complete tasks, and enough time to allow [Name] to express themselves. They avoid giving too much information in one go."

Care plans contained guidance for staff about how to provide person centred care. People told us they had been involved with the care planning process and had been involved in regular care plan reviews. For example, one person was blind and instructions to staff were, "To leave the radio on, and talking books, which you must set up before you leave. Everything must be left in exactly the same place, so that [name] can find them later." One person said, "They have a book it is like a journal. The manager comes around every three months and they check everything. They tell me when they are coming and ask if I am satisfied. They will do what you ask them. I have no faults."

The provider was meeting the requirements of the General Data Protection Regulation (GDPR.) The GDPR is regulation on data protection and privacy for people.

Is the service responsive?

Our findings

People had their needs met by staff who were exceptionally responsive and enabled them to carry on living their lives in an independent way. One person said, "There is a person who comes around periodically and we have a chat and they have a look in the book. They ask if your happy. I have nothing but satisfaction. I would recommend them everyday and to anyone. They are good what more can you say."

Staff had outstanding skills and knowledge in relation to dementia and used this to help people live full and meaningful lives. Through discussions with a person and their relatives the provider learnt they enjoyed a particular craft as a hobby. The registered manager looked at how they could link people together, and arranged a knitting group, designed to increase people's wellbeing by offering them opportunities to connect with others.

Staff used innovative and creative ways to communicate with people according to their needs. For example, one person had memory loss, but still wanted to access the community. They did not recognise the car and once out would become highly anxious. An email from a relative stated, 'When [Name] is taken out, they don't recognise the car they have travelled in. They get anxious when returning to the car park. So, when staff member arrives at the venue they are visiting, they take a picture of [Name] in front of the car. This means that when they get back to the car park, they show them the picture in front of the car and they happily get in.'

The service anticipated people's needs and recognised their distress and discomfort at the earliest stage. For example, one person needed a replacement chair, because they were finding it hard to get in and out of it. They struggled to get comfortable once seated. One relative stated, "[Name of staff member] spent 2.5 hours on and off, suggesting and trying different settings and cushion positions until [name] could relax into the new chair. All this was done in a willing, unflustered and caring way."

The provider went the extra mile, by supporting people to maintain their emotional wellbeing. Another person's cat had become very unwell. The person became very distressed and would not go out unaccompanied. The staff member stayed with this person, until they got their cat back.

The management team and staff told us, people's wishes and aspirations guided them when it came to arranging activities. We found that for one person, music was considered as a way of enabling them to continue to access the community. For example, people were supported to attend 'music cafes' and for one person a particular piece of music would calm them down, if they became anxious or angry. Another person became anxious in crowds. Guidance to staff had considered this aspect. The care plans stated that the staff member should make sure they spoke about people rather than what another person may be talking about, until they feel comfortable.

The director was a 'dementia friend' and trained all staff to be dementia friends. A dementia friends champion is a volunteer who encourages others to make a positive difference to people living with dementia in their community. This training helped staff understand the needs of people with dementia. The

director also offered focused workshops for relatives to help them understand the particular needs of their family member living with dementia.

People were sent birthday and Christmas cards by the management team and in line with their known wishes, staff supported people and their representatives to arrange celebratory lunches and parties. We also saw photographs which had been taken commemorating these occasions.

The provider looked at ways they could support people to live as full a life as possible. For example, one person who used the service had been actively involved in activities in their neighbourhood and continued to access community resources with support from staff.

The provider went the extra mile in responding to people's maintenance needs. One person was unable to have a shower, because they lived 'off the grid' and needed their cess pit to be emptied. The registered manager liaised with the company, and ensured that they responded to this person's need in a quicker way.

The registered manager actively promoted inclusion and diversity amongst the staff team and work ethos. Recently a Diversity Champion, had been put in place. They had created a work shop specifically looking at discrimination, inclusion and diversity and were delivering this to staff.

Staff had an excellent understanding of people's individual needs relating to their protected characteristics. Protected characteristics are groups of people who are protected by existing legislation. For example, support had been given to a lesbian couple and a discussion with the staff member showed that were sensitive to their needs. The registered manager had ensured that an equality and diversity champion was in place. Protected characteristics were covered in induction, and at team meetings. We saw that staff had been encouraged to consider how to identify all types of discrimination including positive discrimination.

People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had any cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. One person said, "If it is something I am not happy with, I tell them and they carry out my wishes. I have a word with them and they put it right. No need to complain to the office." People told us that they received information on how to raise concerns or make a complaint when they had started using the service. We noted the service had received many compliments about the quality of the service they had received.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We found the service was meeting this standard and had considered what additional support people may need to communicate effectively. This had been recorded within their care plan. For example, some people had been given information in larger print to help them to read.

At the time of the inspection, the service was not supporting anyone who was at the end of their life. However, when the service had previously supported people around the end of their life, we could see that staff had worked closely with family members and other professionals. For example, staff had worked with Macmillan nurses to ensure people received the care they needed. Oral care was also considered when people were at the end stages of their lives.

Processes were in place and staff had been trained to understand the specific requirements to ensure that people ended their life well. One person had written a compliment when the service had supported their family member at the end of their life. It said, "My relative's last moments were exemplary and very special

for them. It was exceptional support and care." Another person said, "It was absolutely wonderful care. Cannot thank you enough." "Big thanks and much gratitude to you all. In particular, to all those involved in the latter months of their life. This service was beyond the call of duty."

Is the service well-led?

Our findings

This service was exceptionally well led and staff spoke consistently about the service being a good place to work. The registered manager encouraged friendly and open communication with everyone. They promoted a culture and environment where everyone, was encouraged to speak up on how they felt about the service they received, whether this be positive or negative. We found this to be strongly reflected within the feedback we received. One staff member said, "The communication is very, very clear and the team is very, very supportive. The management are so approachable and very personable. They make you feel that you really belong as part of a team. I am a very valued member of staff. I cannot praise them enough."

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 and Social Care Act 2008 and associated regulations about how the service is run.

The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety, and security. The 'whole team approach' and culture in the service had continued to develop and grow.

The vision and value of the service reflected the passion the management team had to deliver a high-quality level of service. The vision of the service was 'to become the most admired home care provider across Brentwood, Billericay and Upminster.' With the values of 'to us its personal.'

Staff worked to this ethos and told they focused on putting each person at the centre of the care they delivered, and knowing the intricate details, in order to get it right. People told us that staff worked to this ethos. One relative said, "They get to know exactly what that person likes and what is normal for them. This means, if there are tiny differences they can identify it."

Staff continued to be imaginative in the way they provided person centred care, which continued to put people at the heart of the service. The positive feedback that had been received, clearly demonstrated the values of 'to us its personal.' This was confirmed in discussions with people and their relatives. When describing the care they had received one relative said, "They had formed a strong affinity with [Name] I can't thank the whole team enough. It has made a world of difference to my parents in their current situation."

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. There was such a large amount of positive feedback provided about the service, that the comments included in this report was only a small representative sample of the amount of positive feedback that had been received. Typical comments were, "Staff are willing to go the extra mile." And, "Could not have asked for more." and, "This company has always been very efficient and regularly checked to make sure all is well. We are happy with the service." And, "At a time of stress, Home Instead has been a real lifeline."

The registered provider worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service, including Dementia Friends and the Dementia Pledge. The dementia pledge is an initiative designed so that dementia care and support is delivered with excellence.

The registered manager explained, that they recognised a lot of people enjoyed knitting. They said, "We thought we could get people together and have been on a mission. People and staff have been knitting for the Sainsbury's smoothies project. This raises money for age UK. The big knit donates 25 pence for each piece knitted and raises vital funds to support local and national winter projects that involve keeping older people warm through befriending services.

In recognition of the outstanding service provided by Home Instead, the service had been highly commended and had recently won an award after being rated one of the top 20 recommended home care provider's in the East of England.

The service was an important part of its community and had worked to develop strong community links. For example, the provider had developed links with the local community hospital, gave local community education workshops, regularly raised money for the Alzheimer's Society and gave free fraud protection talks.

There was a defined, robust, and effective governance and management structure in place, which gave clear lines of responsibility and authority for decision making about the management, and provided clear direction for the service. Staff had clearly defined roles and were aware of the importance of their role within the team. Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents.

Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. Regular team meetings took place and were used to share feedback they had received. Regular staff meetings were held and staff were encouraged to have a say on how the service could be improved, reflect on, and share best practice. The registered manager explained that they, "Used feedback at staff meetings, to review and improve the delivery of care and share any learning within the team to promote best practice."

There was an open and supportive culture in the service. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. Staff were clear on their roles and responsibilities as well as on the aims of the service. This information had been provided to staff in the staff handbook. People had also been provided with information on the aims of the service and its expectations of its staff. Information in the PIR explained that it was the providers passion to, "help our clients with positive risk taking and make their wishes the centre of everything we do."

The registered provider also had several schemes in place to drive improvement and to reward staff that used their initiative and went the 'extra mile.' For example, people were encouraged to nominate staff that they believed had gone over and above what was expected of them. These were awarded each month, with bonuses. When nominating one member of staff, one person said, "What they have done for us, was not going the extra mile, but nearer to going two or three miles."