Clientsinfocus Limited

Home Instead Senior Care

Inspection report

Crendon House
Drakes Drive
Long Crendon
Buckinghamshire
HP18 9BB

Tel: 01844202778
Website: www.homeinstead.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 and 30 December 2016. It was an announced visit to the service.

We previously inspected the service 6 and 7 May 2014. The service was meeting the requirements of the regulations at that time.

Home Instead Senior Care is registered to provide personal care. It supports people in their own homes in Aylesbury vale and north east Oxfordshire. The head office is in Long Crendon with another office in Aylesbury town centre. At the time of our inspection the service was supporting 14 people with personal care.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of our inspection the owner was awaiting a registered manager's interview with CQC. We have taken this into consideration in our judgement.

People told us they felt the staff were trained to provide safe care. However, staff told us they felt the training could be improved. One staff member told us "Any practical training was non-existent."
Staff did not always receive support in line with the provider's policy. There had been a number of changes in management which staff told us had contributed to the lack of support they received. We have made a recommendation about support for staff in the report.

The service had access to a wide variety of policies and procedure to help manage the service; however senior staff did not always know the content of them. The service did not always follow its own procedure on monitoring the service, for instance, reviews of care were not always undertaken within the time scale stated. Care plans were either not always present in a person's home or had not always been updated to reflect the needs of a person. Spot checks on staff were not always undertaken when required. We have made a recommendation about support for the management team in the report.

People were supported with medicines when needed. Staff had received training on how to administer medicine. We found gaps in the records relating to medicine. We have made a recommendation about improvements in record keeping around medicine administration.

People were protected from avoidable harm. Risks to people had been assessed and actions to reduce them were detailed.

People were protected from abuse as staff had a good understanding of how to recognise signs of abuse. Staff had confidence in management to respond appropriately to safeguarding concerns.

People were pleased with the professional relationship they had with their member of staff. The provider tried to match staff to people with similar interest. One person described the staff member who visited them as "Absolutely wonderful." Another person told us "They (staff) are very very good, they (staff) are more like friends then carers."

The service tried to promote independence in people. They had arranged an afternoon tea with entertainment for people they supported. This was an opportunity for people to get out of their home and met other people.

People were supported by staff who were passionate about their work. Staff told us they liked working for the organisation and welcomed the fact they were not rushed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were supported with medicine. However the service did not always ensure staff recorded when they had administered medicines.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Requires Improvement

The service was not always effective.

People were cared for by staff who were aware of their roles and responsibilities. However, staff did not have access to regular support or ongoing training.

People were supported to maintain good health.

People had access to food and drink through the day.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

People had developed positive working relationships with staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always reflect the current care needs of a person. Care plans were not always present in a person's home.

People were encouraged to participate in activities of their choice, information about a person's likes and dislikes had been gathered.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not ensure all staff were following the company's policies and procedures.

The service did not have a registered manager in post.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

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.

The inspection took place on the 22 and 30 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to help with the inspection. The inspection was carried out by one inspector.

Before the inspection the provider was not asked to complete a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We gave the provider an opportunity to share evidence of what it did well and what they had planned for the future.

We spoke with four people who received care and support from the service and two relatives. We spoke with the directors of the company, care manager and received feedback from three staff. We made contact with a further three relatives to obtain feedback. We reviewed four recruitment and training files for staff and looked at four care plans within the service and cross referenced practice against the provider's own policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us the staff respected their home and they felt safe when staff were supporting them.

Potential risks to people had been assessed and actions taken to reduce risk were detailed when required. Risks associated with providing care in a family home had been considered. For instance, the service checked if a smoke alarm was in place and working. Risks posed to staff when supporting a person move position were not always assessed and staff told us they had not had sufficient training on how to help someone move safely. One member of staff told us they had not been shown how best to support someone to move from a chair and they had used their "Common sense." The provider told us there was little support given to people to help them move positions, as most people they supported were able to do this independently.

Where people required support with medicine, this was detailed. Staff received training and a competency assessment before they supported people with their medicines. We looked at completed MARs and noted a number of gaps in the records where staff had failed to sign to confirm they had given the medicine as prescribed. This meant there was a risk that people had not been given the medicine. We spoke with the provider and care manager about this. They told us this was discussed with staff, and staff checked if the medicine had been given on the next visit. However some people only received one call a day. The provider and care manager could not provide us with assurances that all medicines were given when needed. The service did not conduct any medicine audits. If conducted this may have offered an opportunity for the service to understand why MARs were not routinely signed.

We recommend the service seeks guidance from a reputable source on monitoring medicine administration.

People were protected from the risk of abuse. The service had safeguarding procedures in place. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC. One member of staff told us the training the service had provided could be improved and their knowledge on safeguarding people from abuse came from a previous role.

The service had recruitment processes in place and one person had been identified to manage the recruitment process. Some of the required pre-employment checks were completed for staff. These included references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. We noted the service had sought information on employment gaps for new staff, however some were still missing. The provider assured us this would be sought. We also noted that staff who had been employed in the service for a longer period had not provided satisfactory evidence they were physically and mentally fit to work with people. This had been rectified by an additional question on the application form. One

member of staff had completed a health questionnaire, which provided further assurances they were fit to undertake their role. The provider told us they would re-introduce the health questionnaire. One member of staff did have a physical condition which prevented them to undertake work which involved lifting. The provider told us they were aware of this and the staff member was protected from situations which may cause them harm.

Two relatives told us they had recently requested a change to their service. One relative told us, "I have recently cancelled a bedtime visit; the office had been slow to contact me after I told the carer I did not need the call." Staff felt there had been some challenges on staff numbers due to sickness. One member of staff told us they had picked up a lot of extra work. We noted the service was actively recruiting into vacant posts. The provider told us staff were encouraged to recommend employment with Home Instead Senior Care and they were financially rewarded if they introduced a new member of staff. The provider showed us the scheduling system they used; this was updated on a regular basis. We could see that all the scheduled calls were allocated to a member of staff. We did not have any concerns about staffing.

People and their relatives told us the staff arrived on time and stayed for the duration of the call. Staff told us they were nearly always introduced to the people they supported and if they were not this was due to an emergency. People told us they were always introduced to new care staff. The provider told us they felt this was important, as they tried to match care staff with similar interests to people, as this promoted a good working relationship.

Requires Improvement

Is the service effective?

Our findings

People told us they received effective care that met with their needs. This was supported by what relatives told us.

Staff told us they had initial training before they were awarded a contract of employment, this is also what the provider told us. Training provided covered a large number of areas which the provider deemed mandatory. This included the ageing process, nutrition, health and safety. Staff members were provided with a workbook at the training which they were expected to complete. Each section had a knowledge test. The service was hoping to run an Alzheimer's training course to raise awareness of the effects of dementia. Staff told us they would like more training. One staff member told us "Any practical training was non-existent. In one instance the client does not or will not help herself to get up from a chair and I have assisted, putting strain on my back," this was supported by what another member of staff told us "Training needs to be reviewed, we don't really have enough." A third member of staff told us "Apart from the induction I have had no other training." The staff member had worked for the service for over a year We asked the provider about refresher training, they advised us this would be conducted as required and they used an online portal to record training completed.

Staff told us they were supported when they first joined the service; however the ongoing support had been more infrequent. One staff member told us "I haven't had 1-1 meetings with a manager but they have been very short staffed," another member of staff told us "I don't get them regularly, 1-1 need to be more regular" a third staff member told us "Regular 1-1 meetings have started since a manager has been employed." We noted since the employment of a new care manager staff had received an annual appraisal. We asked the provider and the care manager how often staff should expect to receive one to one meetings. Both parties told us six months, we checked the provider's policy and it stated staff should have a least three monthly supervision meetings.

We recommend the service seeks advice from a reputable source on supporting and training 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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Application procedures for this in domiciliary care services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was aware of the MCA and staff had some understanding of it. The service was not supporting anyone at the time of our inspection that required an application to be made to the Court of Protection.

The provider had a good understanding of who could give consent to care and treatment for people who were assessed as not having mental capacity to do so. The service sought clarification from third parties that they had got legal authority to act on behalf of the person who was supported by Home Instead Senior Care.

Where people required support with ensuring nutrition and hydration, this was detailed in their care plan. One person told us "I always get a cup of tea made, I am on my third already today," another person told us "We ran out of bananas and the carer got me some from the shops."

Where people required it they were supported to access healthcare. Sometimes this was a member of staff taking a person to an appointment or making contact with a healthcare professional on the phone. One person told us "One day my care worker was concerned for me, so they rang the doctor, I wasn't going to bother but she quite rightly called them, she is a very concerned lady."

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the service provided by Home Instead Senior Care. Two people told us they had chosen the service as family members had worked for different branches.

People told us they had developed good working relationships with staff. Comments included, "They (staff) are very very good, they (staff) are more like friends then carers," "I am very satisfied" and "My carer is absolutely wonderful." This was supported by what staff told us. Staff felt they were seen as friends to people rather than carers. One staff member told us "I always introduce myself, if anyone asks, as her friend."

Staff were able to tell us how they would provide a dignified service and promote someone's privacy. Comments included, "By taking one client to yoga every week and no one knowing she is a client of mine I think promotes a dignified service and promotes privacy." Another staff member told us "One person I go to lives with family, I always ensure I ask family to remove themselves from the area. I don't think I should give personal care when family are present."

People told us they felt involved in decisions about their care. One person told us, "I had a visit from a supervisor to check all was ok." We noted the service sent out a satisfaction survey. The last satisfaction survey completed returned 100 percent satisfaction with the service provided.

We looked at feedback given to the service. Comments included "I was truly impressed with your standard of care, attention to detail and thoughtfulness," "The team from Home Instead have been incredibly supportive and professional with my mum and made the whole process a lot less stressful. Mum is very happy and she actually smiles now" and "Home Instead have been very professional and sensitive towards my parent's needs. It has made my life so much easier and my whole family are confident Mum and Dad are in good hands."

The service promoted people's involvement in the community and thought about how they could improve the quality of life for people who lived alone. They had facilitated two events which supported people to feel valued. One event was an afternoon tea with entertainment. One of the directors of Home Instead Senior Care advised a local paper at the time "It was about giving something back, as we'd identified a gap through the people we work with." The provider told us that people who were supported by the service were re-introduced to people they had known in their youth. We were also told that three of the people who attended the event had not been out of their home in 10 months.

Another event that had been organised by the service was the delivery of a Christmas box containing presents for people who were going to be spending Christmas alone.

We received positive feedback from staff about the work they do, comments included "My ladies make me feel valued as a carer and friend" and "I feel very proud of the fact that a client of mine who suffers with severe anxiety and would only occasionally go to Tesco and back again, quite regularly will come to a

garden centre with me for a coffee and cake. The smile on her face speaks volumes."

Requires Improvement

Is the service responsive?

Our findings

People had their needs assessed prior to the service supporting them. The provider told us they would not take anyone new on unless they could assure themselves they had the staff to support them. Information was gathered at the initial assessment and developed into a care plan, which included risk assessments. However, staff told us they did not always have access to up to date information in a person's home. One staff member told us "The care plans could be updated sooner, sometimes people's needs change and they are not updated." Another staff member told us "I do feel the care plans give enough information to provide safe care in the beginning although they are not regularly updated, and are not always at the premises of the clients. It has taken weeks before a care plan has arrived and some haven't got one at all." Staff told us this had sometimes had a negative effect on how they could support someone in an emergency.

We looked at the care plan for the most dependent person the service supported. This was not updated and was contradictory in its detail. One part of the care plan stated the person needed assistance to maintain walking and in another part it stated the person was bed bound. We spoke with the provider about this. They agreed the care plan needed to be updated.

Care plans contained personal information about a person, for instance, what was important to them and previous roles in life. They also contained information for staff to provide a person centred service. This information was also used by the provider to match staff with people. It was clear from the feedback we received from people this worked. A relative had commented in a review meeting they were impressed with the level of detail about a person's like and dislikes in the care plan.

We noted the reviews of care plans were not always recorded on a regular basis. We asked the provider how often they expected these to be completed. We were informed they should be completed every calendar month. This was not the case in the records we looked at. The provider advised the service had been without a care manager for some time and they had hoped the appointment of a manager would solve this. We noted the provider had an action plan in place and was actively working towards improvements in care planning and reviews.

The provider told and showed us how they communicated changes in people's needs to staff. This was supported by what staff told us. One staff member told us "The management are responsive when I give them any info regarding clients."

The service had a complaints procedure, and people told they knew how to raise comments about the service they received. The service had not received any complaints. However the provider was aware of how they would deal with a complaint.

Requires Improvement

Is the service well-led?

Our findings

People received support from a service that was not always well-led. There was no registered manager in post at the time of our inspection. We received mixed feedback from people, relatives and staff. One person and one staff member used the word "Casual" to describe the office staff. Two people told us the office was not manned on a regular basis and the changes in office staff had not helped with continuity. Staff we had contact with also commented on the lack of stable management.

The service had two previous managers since it had been registered with CQC. This had led to supervision of staff not being undertaken on a regular basis and care plans not always being updated. Home Instead franchise had undertaken an audit on 8 December 2016 and had found similar gaps to what we found.

The service did not always follow its own procedure on monitoring the service, for instance, reviews of care were not always undertaken within the time scale stated. Spot checks on staff were not always undertaken when required.

The service had access to a wide variety of policies and procedures to help manage the service; however senior staff did not always know the content of them.

We recommend the service seek supporting and training for the management team about good governance.

Staff told us the service had a clear vision to promote independence of older people. Staff spoke passionately about their work and commented they did not feel rushed. This helped them to provide a good service to people.

Staff told us they felt able to share their views with management, however they commented that meetings were not always held at a time when they could attend. We saw staff received updates from the service through a newsletter.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The provider was fully aware of their responsibilities under this regulation. Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. The provider was aware of events they needed to notify us about.

The service did work with other agencies to help improve the quality of life for people it supported. For instance it worked with a local charity to make a Christmas box for people who were going be alone at Christmas. It also promoted the needs of older people at local village fetes.