

Dixon Dunn Care Limited

Home Instead Senior Care (Redditch and Bromsgrove)

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 6 March 2015. The provider was given two days' notice of our inspection. This was to arrange for staff and people to be available to talk with us about the service.

Home Instead Senior Care, Redditch and Bromsgrove is a domiciliary agency which provides personal support to people in their own homes.

The agency has 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.

This was the first inspection of the agency since it registered with us in 2013.

People and their relatives told us they felt very safe using the service. They had consistent care workers who arrived on time and stayed the agreed length of time, sometimes longer.

Summary of findings

Care workers understood how to protect people they supported from abuse. People and their relatives thought staff were very caring, thoughtful and responsive to people's needs. They told us staff often went over and above their expected duties.

Staff received excellent training and support to enable them to deliver effective care to people. People told us staff had the right skills and experience to provide them with care and support.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles.

The provider and manager were dedicated to providing high quality care to people. Staff and people found them open, approachable, and responsive. Quality of care was assured through checks on records, and regular, productive communication with people and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received support from a consistent team of care workers, who understood the risks relating to people's care and supported people's safety. Medicines were managed well, and staff recruitment and selection was thorough so the provider could be assured of people's safety.

Good



Is the service effective?

The service was effective.

The service provided excellent training and support to staff to ensure they had the right skills and knowledge to deliver effective care. People had good access to healthcare services, and staff ensured people received a balanced diet which reflected their choices and met their needs.

Good



Is the service caring?

The service was caring.

People felt very well supported by staff who they considered kind, compassionate and professional. They felt staff often went over and above the care required. Staff ensured people were treated with respect and maintained their dignity at all times.

Outstanding



Is the service responsive?

The service was responsive.

People and their relations were fully involved in decisions about their care and how they wanted care workers to support them to live their lives. Managers regularly checked people were happy with the care provided, and dealt with any concerns immediately.

Good



Is the service well-led?

The service was well-led.

The provider and manager provided excellent leadership based on trust and mutual respect. Staff felt fully supported to do their work, and people who used the service felt able to contact the organisation and speak to management at any time. There were good systems to ensure people received quality care.

Good



Home Instead Senior Care (Redditch and Bromsgrove)

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 6 March 2015 and was announced. One inspector conducted the inspection.

The provider was given 48 hours' notice because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people who used the service and staff who worked for the agency, and ensured they would be in the office to speak with us.

Before the inspection the provider completed 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. They also sent us a list of people who used the service. We sent questionnaires to people who used the service, their relatives, community professionals and care staff. We spoke by phone to seven people and one relative. We also spoke with six care workers, the member of staff responsible for recruitment and training, the registered manager and registered provider.

We reviewed information received about the service, for example, from notifications the provider sent to inform us of events which affected the service. We also contacted two professionals who worked with staff at the agency. Their views were consistent with what we found at the inspection.

We visited the agency's office and looked at the records of three people who used the service and looked at a sample of three staff records. We also reviewed records which demonstrated the provider monitored the quality of service (quality assurance audits).

Is the service safe?

Our findings

People told us they felt safe because they received care from staff they knew well and trusted. People told us staff always arrived on time and stayed the amount of time expected of them. They told us that at times when there needed to be a change of staff, for example, when a care worker was off sick or on holiday, they knew in advance the person who would be taking their place. One person told us, "I have a regular group of support workers, if there are changes then I know in advance, I feel very safe with staff."

Care workers understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the manager. We saw the provider took safeguarding seriously. Prior to our inspection, the provider had made us aware of safeguarding concerns of one of the people they provided support for. We saw the provider had responded quickly to protect the person from potential abuse and avoidable harm. All respondents to our survey told us they or their relatives felt safe from abuse or harm from their care workers.

People told us the manager undertook assessments of their care and support needs and identified any potential risks to providing the care and support, such as risks in the home, or risks to the person. Records confirmed that risk assessments had been undertaken and care was planned to take into account and minimise risk. For example, staff undertook thorough checks of the skin of people who were assessed as being at risk of skin damage.

We saw good systems to support people's safety. Care workers phoned the office when they arrived at a person's house so the office staff knew the care was being undertaken. If this did not happen within 15 minutes of the call start time, the office staff were alerted and phoned the person's home to find out whether the call was being undertaken, and if necessary make arrangements for another care worker to attend the call.

The provider had a 24 hour on call system. Staff told us this reassured them that a senior member of staff was always available if they needed support. One care worker told us, "I can phone up at any time. If I need help they will come out." They told us of concerns they had about a group of young people outside a person's house. They called the police and the manager followed this up to check that something was done. Another care worker told us, "There is always someone on call. You are never on your own, there is always someone to call on."

We saw the provider had a 'disaster plan'. This plan covered events such as poor weather. It colour coded people who were at high risk and who were the priority in the event of bad weather making it difficult for care workers to get to people.

The provider had high recruitment standards. Staff could not start working for the agency until their disclosure and barring certificates had been checked, and six references received. Staff told us they were not offered work until they had completed their initial training and the manager had assessed their competence to work for the organisation. Staff confirmed they did not start working until their recruitment safety checks had been completed.

Care workers administered medicines to people. People told us they received their medicines as prescribed. One relative told us, "They give my husband his tablets, they always remember to give him the tablets." Care workers told us they had received training and support from a senior care worker to administer medicines safely. This included checks on their competence. We saw staff were expected to record the medicines administered on a medicine administration record (MAR) sheet. Staff told us how the checks had improved their practice. One care worker told us they were not aware a drink supplement was a prescribed medicine and had not written its administration on the MAR. This had been noted by a senior member of staff and the care worker said they now knew to record this when given.

Is the service effective?

Our findings

We received excellent feedback from people who used the service. All people and their relatives who completed our questionnaire told us care workers had the skills and knowledge to meet their needs. People we spoke with by phone told us, “I am very impressed by their training, the courses they do are obviously very good, they [care workers] tell me about the different courses they’ve been on, and it is very interesting.”

We saw the manager followed thorough assessment processes. The manager undertook detailed assessments of people’s needs and used the assessment to match the person with the appropriate member of care staff. A relative told us, “The original assessment was very detailed.” Care workers were introduced to the person by a senior worker prior to taking on the care package. This meant they had more time to talk with the person about their needs, and to check whether they were compatible with the person.

Staff received training considered essential to meet people’s health and safety needs when they first started working for Home Instead. This included training in supporting people to move, and infection control. All staff surveyed told us their induction prepared them for their role before they worked unsupervised, and they got the training they needed to enable them to meet people’s needs, choices and preferences.

We spoke with the staff member responsible for training and recruitment. They told us they provided training not just to keep people safe, but to help staff understand how people might feel to be reliant on others for their care. They showed us the equipment used to help care workers have a better understanding of some of the challenges which faced older people and people with dementia. For example, staff were asked to wear items from a ‘sensitivity kit’. These items included gloves and glasses which were designed to impede people’s ability to undertake basic tasks. Staff also experienced being moved in a hoist to understand how this may make people feel. One recently recruited care worker told us, “I found the training useful. I hadn’t got a clue before. Some of the things in training made you think of things differently. For example, wearing funny gloves to write a cheque with, and my sight blurred completely.”

The provider also supported staff with further training when a specific need was identified. For example, one person who used the service had a stoma. Staff had been provided with training in stoma care so they could support the person safely and effectively.

The provider offered staff a City and Guilds accredited dementia training programme. One relative told us their relation had dementia. They told us there were days when their relation was frightened or angry and, “Within a few minutes they’ve [staff] got her laughing and doing things that need to be done.” They told us staff were good with using distraction techniques, and had found out about the person’s previous history so they could talk to them about things they liked.

As well as the provision of training, the provider supported staff through supervision and team meetings. One care worker told us about their supervision. They said, “They ask you about problems, any training you might like, whatever you want to discuss.” They told us they had informed the manager they found it difficult to put surgical stockings on people. In response, the manager brought some in for the care worker to practice with.

Staff understood the relevant requirements of the Mental Capacity Act (MCA) 2005. Care workers had been trained in the MCA during their induction and those we spoke with understood the principles of the Act. They told us the MCA meant, “Trying to give people as much choice and decisions, not to presume that because people have memory loss they can’t make a decision.” Another care worker told us, “It’s about protecting people, giving them choices, making decisions for their future care and their well-being.”

The provider had a good knowledge of the Mental Capacity Act, and knew to ensure where people did not have full capacity, that assessments reflected the areas where they could and could not make informed decisions. Where a person had been assessed as not having full capacity to make decisions, care records confirmed what decisions people could continue to take. For example, one person’s care record informed the person could not make financial decisions, however they had the capacity to make day to day decisions about their care.

Is the service effective?

People told us care workers sought their consent before completing any care or support tasks. One person told us, “The care workers explain what they want to do, but will respect my decision if I don’t want them to do it.”

Staff told us they enjoyed working for the agency. Two care workers told us they liked working for Home Instead because the organisation had a policy of not accepting calls of less than one hour in length. They said this meant they had time to undertake their care tasks, one care worker told us, “It gives people the time they need, there is no pressure or rush, people can relax and get to know the carers.” This was confirmed by people who used the service. They told us, “They keep very good time, they very rarely send someone not expected.”

Some people received food cooked by care workers who told us they found out what people liked and disliked and cooked according to people’s choices. One member of staff told us one person could not make a decision about what

to have for dinner, but could tell you in conversation what they liked to eat. The care worker found out the person loved fresh vegetables and fish and then ensured the person had dishes which included these items. Care plans seen identified the food and drinks people preferred and needed and detailed information about their likes and dislikes, portion size, how the food should be presented, and how the care worker needed to support the person to maintain their independence when eating.

People told us care workers worked well with other healthcare professionals to support their health and social care needs. One person told us care workers had worked well with the district nurse when they first came out of hospital. A community professional told us they had placed three people with the agency, and, “Have been really impressed with them.” They told us their clients had a “really positive experience” using the service.



Is the service caring?

Our findings

People told us care workers listened to, and acted on what they needed. One person who had complex physical needs told us, “Because of getting things exactly as I would want them or need them, it takes a little while to get it right.”

They told us the care workers listened to instructions and now worked very well to support them in the way they wanted. Another person told us, “When I started [with Home Instead] I wasn’t well. I found out about this company, I’m so much better now, they’re fantastic.”

All people and their relatives surveyed told us they were always introduced to their care and support workers before they provided care and support and they were happy with the care they received. One person told us, “I’m so impressed with the staff they take on, they’ve usually had experience of caring – it shows.” Another person told us the manager was, “Very good at choosing their staff because they’re kind and helpful.”

Most people we spoke with also told us that care staff often spent longer than their contracted hours providing support to people, and would respond well to any additional requests. One person said, “They take the care steadily, there is no question of them rushing, no suggestion that they hurry to get away – they can over run [time].”

One relative told us the manager provided support ‘over and above’ their contractual arrangements to ensure the person was cared for. They said there were a few days when other family members were not able to provide support to the person at night, and their relation was reliant on them coming after work. The relative was anxious that if they had an accident, no-one would know that the person would be left unattended. In response, the manager phoned the person’s home each night to ensure their relation had arrived to provide evening care and was safe.

People told us their dignity and privacy was respected by staff, and those surveyed all agreed with this too. One person we spoke with told us they felt care workers were, “Easy to get on with, professional, and they truly respect dignity.” A relative told us their relation could be temperamental and at times their behaviour was challenging for staff. They told us staff wrote this in the care records as the person being ‘agitated’ which they felt showed respect to the person. They also told us the care workers put a towel over their relation’s lap when they used

the commode to support their dignity. A relative told us how care workers supported their relation to maintain independence, “They take [relation] to the shower, they try to help her keep independence by doing as much as she can for herself and assist when necessary. It is usually a jovial affair, my [relation] is private, modest, but has no problems with this.”

Care workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. One care worker told us, “Because you have regular clients you build up relationships with them. Sometimes after the call, you can sit and have a cup of tea with them.” Another care worker said, “I really enjoy it [the job] going, out, knowing that you’ve made their [the person] day better and you’re helping them, a friendly face.”

Care workers told us how they worked. One care worker told us, “No matter what, I would treat someone how I would want to be treated myself.” Another care worker told us how they ensured people felt treated with dignity. They said, “I would build up a relationship, chat with them to make them feel comfortable, and make them feel there is no shame in getting help.”

We found the provider had recently introduced ‘An hour of Love’. This was where a care worker informed the management team if a person was feeling low or needed extra emotional support. Office staff would set aside an hour of their time to contact the person by phone and provide emotional and psychological support and check they were okay. They had also sent Christmas cards and a Christmas present to all the people they provided care and support to.

The provider recognised staff developed good relationships with people and when people passed away care workers were also bereaved. They provided bereavement training as a support to staff.

People we spoke with and their relatives confirmed they were involved in making decisions about their care. We saw they had been involved in developing their care plans. All people who took part in our survey strongly agreed they were involved with decision making about their care and support needs. Care plans were personalised and included details of how care workers could encourage people to maintain their independence.

Is the service responsive?

Our findings

Care workers worked with the same people which meant they could get to know the people they were working with and provide a consistent service. People expressed satisfaction with the responsiveness of their care workers.

People told us and records showed that people's needs were assessed and that care was planned to meet their needs. The provider told us they matched staff skills, hobbies and interests with the interests of the people staff supported. For example, knitting or craft making.

Care records provided care workers with information about the person's personal history, their individual preferences and how they wanted to receive their care and support. Care workers knew the needs of people they cared for. For example, one person had become forgetful and their use of the gas oven had become dangerous. The provider worked with the person's advocate to arrange to have the gas oven disconnected, and the person now had their meals cooked in the microwave.

One person told us the manager and provider had gone to 'great lengths' to support them in the care they provided. They told us there were complexities in their care which meant the provider had to seek further assurance that their staff could undertake the work. Once assurance had been given, the staff were fully trained to provide the support they required.

We looked at three care records. We saw they provided care workers with information about the person's personal history, their individual preferences, and how they wanted to receive their care and support. They also detailed how staff should support people in maintaining their independence. For example, one person's care record informed that the person liked to play bingo. They required

a care worker to support them in going to the activity, but the care plan clearly stated the person should be supported in marking the numbers themselves, not be an observer in the process.

For people living with dementia, they and their families were encouraged to complete a life journal. This included writing information about their family, their early years, their family traditions and celebrations, views and feelings. A relative told us staff used the information in the journal to help them support their relation who had dementia. There were no journals for us to look at in the office as the provider told us families liked to keep them as a memento of a person's life when they had passed away.

People and their relations told us, the manager regularly checked with them that the care provided was what they wanted, and was changed if required. We saw formal reviews had taken place for each person. We found the office staff contacted people on a regular basis by phone to check they were satisfied with the care received.

People and relatives we spoke with knew they could telephone the agency's office if they wanted to complain, raise a concern or make a written complaint. One person told us, "I would feel able to raise any concerns, the people in the office are absolutely fantastic." All the people strongly agreed their care and support workers responded well to any complaints or concerns raised. We found there had been no formal complaints raised, however the agency was very good at addressing informal queries or concerns quickly. For example, one relative told us the office had responded immediately to a request for a change of rota. People told us they had nothing to complain about. One person said, "I hadn't thought to complain, I've had very good service and very good help, there's nothing to complain about."

Is the service well-led?

Our findings

Staff received support from the registered provider, the registered manager, a care co-ordinator and a training and recruitment worker. They also received support from senior care workers and mentors. Each new care worker was allocated a mentor to support them when they first started working for the organisation. Each mentor had a clearly defined four week programme to meet up and support care workers in their new role.

The PIR told us the management team fostered a culture of engagement with people, building trust and taking the lead. The conversations we had with staff and people who used the service, confirmed the management team had provided a culture where people and staff felt extremely valued, respected, and able to voice their opinions. The service had quarterly team meetings where professionals were invited to meet with staff and give talks. For example, a dementia advisor from Age UK attended one of the team meetings.

People told us they felt able to contact the office staff. One person said, "You feel free to say anything, they're very approachable, I feel very much at ease." Another person said, "They really really do care and they are giving someone the best, they genuinely seem to care." All people surveyed told us they knew who to contact in the care agency if they needed to, and they had been asked what they thought about the service provided. They told us the information they received from the agency was clear and easy to understand. People we spoke with by phone confirmed this. They told us they had received telephone calls asking them if they were satisfied with the service provided and they knew the first names of the manager and provider.

Eight staff completed the CQC survey questions. All told us they felt confident about reporting issues to managers, and that the office gave them important information as soon as they needed it. Staff we spoke with told us they felt well supported. One care worker told us, "If you have any queries it is drilled into us from the beginning to report back to the office and let them know – they're very approachable [management team]." Another care worker said, "I feel very well supported by my manager and the owner. They're a friendly team – there's always someone on

the phone. Even if you think it is silly [the query], they make you feel comfortable." All staff who responded to the survey told us they would feel confident about reporting concerns or poor practice to their managers.

Staff were encouraged to go 'the extra mile' with people. They were acknowledged for this with achievement awards, thank you cards, and some had flowers sent to their home. On the day of our visit, the provider had received a large box of chocolates from the head office of Home Instead as a thank you to staff for very complex and challenging work undertaken with a person and their family. Since registration with the CQC, the manager had received 30 compliments, and these were read out to staff in team meetings to acknowledge the good care and support they had given.

We found that management listened and responded to staff needs. For example, staff had said they did not have many opportunities to meet with other staff, and this could lead to isolation. In response, 'cake and tea' sessions have been introduced to provide staff with opportunities to meet up with other care workers and discuss their work. In the recently introduced 'hour of love', office staff put time aside to call not only people who used the service, but also staff who they felt required additional care or support. Management acknowledged that care workers needed support when people they had worked with had passed away. Bereavement training had been provided to the service from a local funeral director.

As well as a comprehensive training programme, the provider had also introduced an accredited on-line assessment programme for staff to assess, understand and identify further training needs.

The provider and manager used a range of quality checks. When a person first started to use the service there was a system of phone calls and home visits to check people were happy with the service. This system continued on at least a quarterly basis with regular quality assurance visits and phone calls. A person told us, "I've had [the provider] and the manager, they've been a couple of times to check I'm happy, they've phoned as well – they're good in that way." Checks were also made if a new care worker was introduced to a person to ensure they were compatible with the person.

We found there had been unannounced checks on staff (spot checks) carried out to ensure staff were meeting

Is the service well-led?

people's needs. One person said, "The owner or [the manager] do spot checks. They stay and watch, they've done this three to four times as I have different carers." A care worker confirmed they had received an unannounced check. They told us, "They [manager] will come out and check to make sure you're logging things correctly and that everything is being done properly."

Quality checks also included checks on records to ensure they were up to date, information had been recorded accurately, and actions taken where necessary. For example, the manager had recently found on checking a person's MAR sheet, the number of medicines did not tally with the number recorded on the MAR. This was investigated and as a result, a new medication training programme was introduced, with all staff re-trained and medicine administration observations carried out.

The provider had strong links with other community organisations and initiatives. They informed and supported

people who used their service to participate in local dementia care initiatives, and the provider had undertaken a number of talks and workshops for relatives and friends of people with dementia. A professional from one of the community organisations told us the provider was, "Excellent and professional. She is very caring and leads her team well." The provider had also spoken to groups of people about scams where older people were targeted. They had used information from a charity set up to protect people, in staff training so staff were alerted to this when providing care to people.

We saw the provider had been rated in February 2015 by a national home care organisation as one of the top 10 agencies in the West Midlands for the provision of domiciliary care. The ratings were based on recommendations by people who used domiciliary services.