

Mettacare Ltd

Home Instead Senior Care

Inspection report

Suite 7, Diamond House
Vulcan Road North
Norwich
Norfolk
NR6 6AQ

Tel: 01603482116

Date of inspection visit:
15 June 2016

Date of publication:
18 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection was carried out on 15 June 2016. Home Instead Senior Care provides support and personal care to people in their own homes in Norfolk. On the day of the inspection there were 137 people using the service of which 73 received personal care.

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

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by a regular individual or group of staff who they knew. People's medicines were not always managed according to best practice guidance.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with respect by staff who demonstrated compassion and understanding. People were involved in determining their care and support and were treated in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

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's medicines may not be managed safely.

People felt safe using the service because staff understood their individual responsibilities to prevent, identify and report abuse.

Risks to people's health and safety were assessed and staff were informed about how to provide them with safe care and support that maintained their independence.

People received their visits as planned because there were sufficient staff employed.

Is the service effective?

Good 

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good 

The service was caring.

People were supported by staff who respected them as individuals.

People were provided with opportunities to be involved in making decisions about their care and support which they could change if they wanted.

People's personal preferences, lifestyle and choices were respected by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. People views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 June 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in December 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with 18 people who used the service and three relatives. We also spoke with seven care workers, the training and support lead, a scheduler, the assistant care manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for seven people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

Staff were able to describe safe methods of assisting people with their medicines, however they were unclear on the safest way to dispose of any unused tablets. Staff described different ways of doing so, which did not conform with recommended safe medicines practices. Following our visit to the office the registered manager confirmed to us that they had undertaken further investigation which had shown there were some inconsistencies in staff understanding of the safe disposal of unused tablets. They told us this would be addressed through additional staff assessments and training. The registered manager told us how they had adhered to safe practices when they were faced with a complex situation regarding one person's medicines administration. However we found the documentation regarding this person's medicines administration was not clear and did not contain the most up to date information.

We also found some medicine administration records were not completed in a way that showed safe practices had been followed. They did not always provide a clear audit trail of whether people had taken their medicines as planned, and if not, the reason why this had not occurred.

People were encouraged to manage their own medicines, but if required they received the support they needed to ensure they took their medicines as prescribed. One person who used the service told us, "I need some help to make sure I take my tablets when I need to." Another person told us that although they managed their medicines independently care workers still took an interest in ensuring they had taken them. They said, "Some will ask if I have taken my tablets, that is not in the care plan it just comes up in daily conversation."

People told us having trust in the care workers who visited them helped them to feel safe using the service. One person said, "Sometimes it takes a bit of time to get used to people before I feel completely safe, I don't feel in danger but I do like to get to know them." Another person told us, "You can tell by the way they approach you, you know you are going to be safe with them." A third person said that the care worker who visited them was excellent and made them feel safe, and that they had stopped another care worker visiting them when they had not felt confident with them.

Staff were provided with the knowledge they required to act and keep people safe if they needed to. Staff were able to describe the different types of abuse and harm people could face, and how these could occur. The provider informed us on their PIR they ensured the service was safe for people who used and worked for the service by, "...following our Home Instead Senior Care Policies and Procedures and Norfolk County Council Policies and Procedures relating to medication and the safeguarding of vulnerable adults and children." Care workers told us they believed they would recognise if someone they visited was being harmed because they saw them on a regular basis and built relationships with them.

Care workers were aware of the procedure followed to report any concerns and we saw there was information about how to do this displayed on the office wall. The provider informed us on their PIR, "If we feel there are any safeguarding concerns with any of our clients these will be reported to the safeguarding team immediately." The registered manager told us about one person's circumstances they

had referred to MASH as they were concerned for their safety. (MASH is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Norfolk.)

People received their care and support in a way that had been assessed for them to receive this safely. One person said, "They get advice from the OT (occupational therapist)." People also told us staff who visited them knew how to use any equipment safely. One person said, "They get me in and out of the bath, there is some equipment they use. They have to have certificates for all this equipment."

The provider informed us on their PIR, "Our care planning and risk assessment procedures are focused on understanding the outcomes the client wants to achieve from the service and supporting these with appropriate risk and safety management." We saw one person's risk assessment identified the risk with their moving and handling support was low, however this risk assessment did not identify how this decision was reached. There was a risk assessment in place for another person who took part in a regular community based activity which detailed how the person should be supported to minimise any risks.

People told us there had been an assessment carried out at their home to ensure they could be provided with the care they needed in safety. A person who used the service told us, "They had a look around." Staff told us the environment was assessed before they visited and we saw there were completed environmental risk assessments on people's care files. Care workers told us about changes people were asked to make in their homes to ensure their care could be provided safely. This included removing any objects that could cause a trip hazard.

Some people who used the service felt there was a high turnover of staff. One person told us, "They sometimes get themselves a little short of staff." Another person said, "They are terribly pressurised for staff." The provider informed us that during the 12 months preceding the inspection 34 staff had left the service. The registered manager told us there had been changes made in the way the service operated that had led to many of these staff leaving, and the turnover of staff had greatly reduced since then.

Most people told us they normally received their care and support from the same individual or group of regular care workers. One person who used the service told us, "I always have the same two (care workers). If one is not well there's always someone else I know to fill in." Another person said, "I never have anyone (care worker) walk in I haven't seen before."

Staff told us there were sufficient staff employed for them to carry out their calls as planned and spend the time required with people who used the service. Staff also said they always visited people who they had met previously. A care worker told us other staff were introduced to people who used the service and shadowed by a regular care worker before providing them with any care.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. The provider informed us on their PIR that new staff completed a series of recruitment checks, including providing references and undergoing a check to find out whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files we viewed showed these recruitment checks had been carried out.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person who used the service described care workers who visited them as, "Very competent and confident." Another person said, "They seem to know where things are and what to do."

New staff underwent an initial induction period and then undertook 'shadow' shifts where they observed an experienced member of staff. Each new starter was assessed to determine when they were, and when they felt themselves to be, competent to carry out visits independently. The assistant care manager told us part of their role was to, "Take new care givers under my wing." They told us how they contacted new starters after their induction training and arranged for them to shadow experienced staff and carried out observations to ensure they were working competently. The assistant care manager said they then matched care workers to people they would provide a service to.

After their induction all staff were required to undertake the care certificate. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. The registered manager undertook the required observations to assess staff competency.

The provider informed us on their PIR they had created a new role of training and support lead, "...to ensure that our care givers are appropriately trained, assessed and supported in their roles." The training and support lead said they had introduced a new training schedule and records showed staff were up to date with their planned training. They also told us how they made the induction for new staff informal and informative. Staff spoke positively about their training and support and comments included, "Our training is professional and on a human level", "We are very well supported" and "You know someone will help you." Care workers also said they felt able to call into the office at any time if they needed to discuss anything or wanted any support.

People were asked to consent to their plan of care and provide their agreement prior to receiving any care. People told us care workers listened to them and asked for their agreement before undertaking any care activity. One person said, "They wouldn't make me do things I don't want to."

Care workers told us they respected people's right to make their own decisions. The registered manager said they involved people in making decisions about their care and support. We saw either the person who used the service or a relative had signed people's care plans. However it was not always clear why a relative had signed on their relation's behalf and the registered manager said they would include an explanation for this in future.

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. The training and support lead said MCA training was included in the induction for new staff. Staff confirmed they had attended this training and had been given an information leaflet about the MCA, and one staff member showed us a copy of this.

The registered manager told us there were some people who used the service where another person had the legal authority to make decisions on their behalf. They said everyone who used the service had the capacity to make decisions and consent to their care for themselves, or had someone appointed with the legal authority to do so for them.

People who required support to ensure they had enough to eat and drink to maintain their health and wellbeing were provided with this. People who were supported at mealtimes told us care workers would prepare their meal and if necessary encourage them to eat this. One person said, "I have just had someone come and get my lunch for me. I ate it all up. I am supposed to be eating and drinking more and they encourage me to do so." Another person told us, "They prepare meals for me. I decide what I am going to have."

Staff told us they encouraged people to eat and drink well. This included making regular drinks during a visit and encouraging people to eat their meals. Care workers said they found eating their lunch with some people or joining them for a drink made people eat and drink more than they would do alone. One care worker described how they had responded when one person had not been eating well and they were losing weight. The care worker told us they had created an individual dish for the person which they enjoyed and were able to eat in a way that suited them. The care worker said this had increased the person's nutritional intake and their weight had increased. Care workers said they followed food hygiene practices when handling and preparing food.

The registered manager said part of the process for matching care workers to people who used the service included whether the care worker needed to have any specific cooking skills. The registered manager told us there was no one who used the service at present who required their nutritional and fluid intake to be monitored and they had not needed to liaise with healthcare professionals about people's poor nutrition or hydration.

People were supported with regard to their health and wellbeing. A person who used the service said care workers had, "An understanding of my health, they will say 'are you okay' or 'you don't look so happy today'." Another person said care workers had shown concern and enquired how they were after they were unwell on a previous visit. We were also told by someone who used the service who had a particular health condition that they felt care workers understood their support needs.

Care workers told us they were provided with information about people's healthcare conditions so they had an understanding of how this affected the person and whether they needed to observe for any signs or symptoms. A care worker told us how on one occasion they had called the emergency services when a person was showing signs of ill health.

The provider informed us on their PIR, "We liaise closely with the client's family and local medical professionals to quickly address any changes." Care workers told us they spoke with people's relatives if they had any concerns about their wellbeing and on occasions had suggested seeking the view of a medical professional. Care workers also said they would contact a health care professional if they had any concerns or needed any advice. The provider also informed us on their PIR that they had received compliments from relatives for "Flagging up health and wellbeing concerns."

Is the service caring?

Our findings

People who used the service and their relatives we spoke with all had positive comments to make about how the majority of care workers provided them with their care and support. These included, "The girls are my window on the world. I do enjoy their company and hearing their tales", "I am quite happy and content with the services they provide" and "We have a laugh about me saying what I want done, we get to know who is going to do what." The provider informed us on their PIR, "Our staff are recruited for their values of kindness, compassion, respect, dignity and reliability." They also informed us on their PIR that they had received compliments from relatives for, "Going the extra mile and helping clients with additional tasks that have improved their quality of life."

Care workers told us they found their work rewarding and enjoyed helping people. They described how they liked to make a difference to people's lives and how they felt a sense of worth when they did so. Care workers spoke of their satisfaction when they brought a smile to people's faces. One care worker said, "I love my job, I make people feel important and special." Care workers spoke highly of the agency and felt caring was a strong value shared by everyone who worked there. One care worker told us, "Home Instead is brilliant, I love working here. If you broke me in half I would have Home Instead written all through me like a stick of rock."

People were involved in planning their care and support and making decisions about this. One person who used the service told us, "They have been out to review my care, sometimes they do it over the phone. I prefer face to face all the time." Another person said, "They say we are here to do what you want us to do, they do that generally." A third person said, "They said 'go and sit down while I do the dinner', but I want to do things, if I don't use it I will lose it. We have sorted that out now."

Care workers told us they involved people in their care by making sure they asked them in a way that was clear and they could understand. Staff said the registered manager involved people in reviews of their care. The registered manager described how they engaged with people who used the service and provided them with any reassurance to encourage them to express their views. They also said they checked each person was in agreement with all decisions made. The registered manager told us people were involved in choosing which individual or group of care workers would support them.

The registered manager told us there was no one who used the service at present who had the support of an advocate. However they told us there was information provided to people who used the service about advocacy services and how local ones could be contacted. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. The registered manager told us they had spoken with some people who used the service in the past when they felt they would benefit from using an advocacy service.

People were treated with dignity and respect and their independence was promoted. One person who used the service told us, "I find them polite" and another person said, "They are very good in my home." A third person said, "Showing me respect is important. The carer who looks after me does that well. They always

tidy up after themselves."

Care workers described the practices they followed to enable people to have privacy and their dignity respected when they supported them. They also told us of ways they showed respect when in people's homes. They gave examples of making sure they only had appropriate conversations with people and finding out when people wanted to be left with some privacy. A care worker said, "We find the right way over time as we build up a relationship and trust."

Is the service responsive?

Our findings

People told us that before they started to use the service they had discussed what care they needed so a plan of their care and support could be made. One person who used the service told us, "We discussed what needs to be in the care plan." The provider informed us on their PIR, "Our initial care consultation identifies the outcomes the client wants to achieve." Care workers said care plans gave them the information they needed to provide people with their care and support.

People's care plans were kept under review to ensure they were updated with people's changing needs. A person who used the service told us, "They have been out to check on the original care plan." Staff also told us how people's care plans were kept under review. They said the registered manager would carry out regular reviews and they would notify one of the managers if they identified any changes in a person's care requirements.

People who used the service and their relatives told us that in most cases they had met care workers prior to them providing them with their care and support. People told us this was either as part of a 'meet and greet' meeting or when the care worker was shadowing one of their current care workers. The provider informed us on their PIR that they had, "A thorough care planning process that puts the client at the heart of their care and involves significant others." The assistant care manager told us the matching process considered people's preferences regarding the care workers that will support them. They gave an example where a person requested they only had care workers of a certain gender. The provider also informed us on their PIR that the client matching service put the client in control and enabled them to change the care worker if and when required. Care workers spoke of people being able to do this if they felt the relationship was not working in the way they wished.

People received their care and support at the time they preferred. People told us staff usually arrived on time and they were contacted if there was any delay. One person said they had mentioned to a care worker they were arriving too early and they had changed their arrival time.

Care workers told us they had sufficient time allowed to provide people with their planned care and support. They spoke of the importance of engaging with people whilst providing them with their care. One care worker told us, "We don't only provide personal care, we provide people with companionship." The provider informed us on their PIR they provided, "Minimum calls of one hour so that companionship provides the basis of the service and reduces isolation and loneliness."

People were given opportunities to raise any concerns and they were told how they could make a complaint. People told us they had been provided with a copy of the complaints procedure when they were given their care plan documentation. A person who used the service told us, "There is something in my file. I'm pretty certain it was pointed out to me." Another person said, "I've got that (complaints procedure) but I don't need to look at that."

Care workers said people were provided with information about how to raise any concern or make a

complaint during the assessment process. They also said there was a copy of the procedure to follow included in their care file left at their home. Care workers said people had not made any complaints directly to them about the service, but added they encouraged people to be open and honest if anything was not right for them.

The provider informed us that during the 12 months preceding the inspection there had been three complaints made. We saw records of these had been kept in a complaints' file which showed these had been investigated and resolved in a timely manner.

Is the service well-led?

Our findings

Most people were positive overall about the service they received and how the agency was run. We were told the service was, "Excellent", "Very friendly, helpful and understanding", and that it "Runs very smoothly." However some people who made these positive comments told us they had noticed there had been some recent changes which had negatively affected the service they received. People told us they had experienced problems with getting their weekly rota and that when they did, it was not always complete. One person explained, "They have introduced a new system for notifying work schedules, now it's a list that only covers half the month. It is not as good as it was. Perhaps there are some teething problems." Another person told us, "Up until a month ago they were brilliant." A third person said, "Now they don't let you know any changes until the day before. Last week my carer said I won't be there next week and I didn't know."

The registered manager told us there had been some recent changes within the office that could have affected people's experiences. These included some staff changes, where some staff were still learning their new role, and implementing a new IT system which was used for scheduling and managing information connected with people's visits. The registered manager told us they expected these problems to be resolved once new staff were embedded in their new roles and the IT system was fully implemented.

Staff spoke positively about the service and said they felt listened to and valued and able to make comments and suggestions. One care worker told us of an administrative suggestion they had made which had been implemented. Another care worker said they found a nice atmosphere at the service and that they felt able to ask for any support they needed. They also told us they had regular team meetings. The assistant care manager told us there was a "Good strong team."

The provider informed us that during the 12 months preceding the inspection they received 67 compliments about the service. They stated that most of the compliments related to the support provided by care workers and from people appreciating the service they received. The registered manager showed us a file of cards and letters they had received from people who had used the service and relatives in appreciation of the service they provided.

The provider informed us on their PIR that they, "...work closely with external professionals and organisations to support care provision and improve quality of life for our clients and older people in Norwich who aren't our clients." This included various workshops and support groups. The registered manager told us they also worked closely with voluntary groups and charities, and had been involved in a project to raise awareness of dishonesty from bogus traders and service providers. Additionally they provided support to older people at Christmas through a local scheme called "Be a Santa to a Senior."

People were confident in the way the service was managed and had confidence in the registered manager. One person who used the service told us, "Every so often I give [registered manager] a call. They are very helpful." Some people also spoke of having had contact with the company director.

Care workers told us the service was well managed and they had regular contact with the registered

manager and the managing director. The provider informed us on their PIR, "Our values are based on trust, leadership and sharing our hearts. Our culture is open, honest and consultative." Care workers said the management of the service was approachable and open. Some care workers told us about how they had been supported by the management of the service and one care worker who recounted their experiences, emphasised the management was genuinely interested in the support and wellbeing of staff. More recently appointed staff told us they met the managers during their induction. The office accommodation included training and meeting areas. Care workers also told us resources they needed were always available, such as personal protective equipment (PPE) and forms, charts and other paperwork.

The registered manager told us they encouraged an open and inclusive culture within the service. They told us there was a "daily huddle" each morning where everyone in the office discussed their plans and commitments for the day and any challenges they faced. The registered manager told us they organised two annual fun days for all the staff in recognition of their efforts during the year. One had taken place the previous day to the inspection at a local recreation area and involved various games and a picnic lunch.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

There were systems in place to identify what was working well and where any improvements could be made to the service. One person who used the service told us, "They come and visit me and say is everything alright." Some people we spoke with said they had recently received a questionnaire in the post about the service. The provider informed us on their PIR, "By completing regular client Quality Assurance visits/calls and service reviews we are able to monitor our clients, to ensure they are receiving a consistently high quality service and ensuring they are receiving their care as they wish to do so."

The assistant care manager told us they carried out regular satisfaction telephone calls to people to establish if they were satisfied with their service and whether they had experienced any problems with this. This also provided people with an opportunity to feedback on how they were getting on with their care team.

The provider informed us on their PIR a key management tool for continual improvement of the service was an annual survey. They stated, "This is a full survey of all clients and staff which is completely anonymous and run by an external company." The registered manager provided us with copies of the 2015 surveys of people who used the service and staff and the action plan that had been prepared as a result of their comments. The provider also informed us on their PIR that client records were audited, "...to monitor our client's health and well-being, and ensure that the support being provided meets the clients' requirements."