

2nd Family Limited Home Instead Senior Care Crawley

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?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Summary of findings

Overall summary

The inspection was announced and took place on 14 January 2019.

Home Instead Senior Care Crawley provides personal care and support to people in their own homes. Personal care and support can be provided for people living with a learning disability, autism, dementia, mental health needs, older people, younger adults and people with a physical disability or sensory impairment. At the time of the inspection personal care was provided to 15 people in their own home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had a good awareness of the importance of protecting people and what to do if they considered people were not being treated appropriately. Risks were assessed and there were procedures for care staff to follow to ensure people were safely supported. Medicines were safely managed.

Sufficient numbers of staff were provided to meet people's needs. Checks were made on the suitability of new staff to work in a care setting. Staff were trained in infection control and had access to protective clothing to help prevent the spread of infection. Reviews of accidents and incidents took place.

Care staff were supported well and had access to a range of training courses including nationally recognised qualifications in care.

People's nutritional needs were assessed and people were supported with food and drinks, when this was needed. Health care needs were assessed and the provider made referrals to health services where this was needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had a good knowledge of the Mental Capacity Act 2005 and made appropriate referrals to the local authority when people did not have capacity and whose freedom needed to be restricted for their own safety.

Care staff treated people with dignity and respect. People were supported to make decisions about their care and support, which promoted their independence. Care staff had a good understanding of the need to ensure people's privacy was upheld.

People's needs were assessed. Each person had care plans which reflected their needs, preferences and choices. People and their relatives told us the staff were responsive to people's care needs and ensured person centred care was provided. People's communication needs were assessed.

Relatives said they had a good dialogue with the care staff and management team. They told us they felt able to raise any concerns and issues were always responded to.

The service was well-led. The provider had systems to assess and monitor the quality of the service. These included seeking the views of people, their relatives and staff about the quality of the service. Staff performance was monitored and staff were supported to develop their skills and knowledge.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains Good.

Good 

Is the service effective?

The service remains Good.

Good 

Is the service caring?

The service remains Good.

Good 

Is the service responsive?

The service remains Good.

Good 

Is the service well-led?

The service remains Good.

Good 

Home Instead Senior Care Crawley

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 was 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 14 January 2019 and was announced. The inspection was carried out by one inspector. We gave the service 48 hours notice of the inspection visit because we needed to ensure staff would be at the provider's office.

Before the inspection we checked information that we held about the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to two people, and, to eight relatives of people, who received a service from Home Instead Senior Care Crawley. We spoke to five care staff and asked a further seven staff about their work via a survey. We also received feedback from one community health and social care professional. During the inspection we spoke with the registered manager and the nominated individual, Mr Gonasulu Rajive De Chickerea.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, accidents, incidents and records of medicines administered to people.

Is the service safe?

Our findings

Staff were trained in the handling and management of medicines and the provider said this involved staff being trained using a simulated scenario. There were also staff training workbooks regarding procedures for staff to follow in supporting people with their medicines. Staff were also observed working with people as part of their ongoing supervision to assess their competency; this included the safe handling of medicines. However, we noted this was not completed for all staff. The provider and registered manager agreed the completion and recording of this needed to be addressed which they made a commitment to implementing especially as part of the induction of new staff. Relatives were satisfied with the support staff provided to people with their medicines and said staff completed a record when they did this. Records were made when staff supported people to take their medicines.

Staff were trained in safeguarding procedures and had a good awareness of the principles of this guidance. Staff knew how to raise any concerns and the different ways abuse may occur. Relatives and people confirmed staff provided safe care to people. Records and discussion with the provider showed concerns were raised by the provider to the local authority safeguarding team when this was needed and measures were put in place to review the relevant person's care. Staff confirmed people received safe care and were protected from possible abuse.

Risks to people and to staff were comprehensively assessed and arrangements were put in place to mitigate risks, in order that people were safe. These ranged from any issues with eating and swallowing to nutrition as well as moving and handling needs. There was corresponding guidance on how to manage and mitigate the risks. There were assessments and procedures regarding staff safety such as any environmental risks and a lone worker assessment. Care records showed incidents and accidents were recorded, reviewed and appropriate action taken when needed.

Care plans had procedures to safely access people's homes and relatives told us they had telephone numbers to call the provider's 'out of hours' team in an emergency.

The provider ensured there were sufficient numbers of staff to meet people's needs. People and their relatives said reliable care was provided from consistent staff. For example, a relative said, "They stay longer rather than cut a visit short." Another relative said, "We choose times to suit us and they have never waivered – never late, wonderfully reliable." Staff told us they received their work schedule in advance and they had sufficient time to provide the agreed care to people. Staff also told us the management team tried to match staff to people's preferences. The provider used a telephone system to monitor staff arrived at people's homes at the agreed time; this alerted the management team if staff were late.

Checks were made that newly appointed staff were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Staff were trained in infection control, which staff confirmed to us. Staff had access to disposable aprons and gloves as well as hand sanitisers, to use when supporting people for the purposes of infection control and prevention. Relatives told us staff adhered to hygiene procedures, such as washing their hands upon arrival and when leaving.

Care records and discussions with the provider showed accidents and incidents were monitored and reviewed. This included reviews and investigations of incidents plus any additional measures so any reoccurrence was prevented.

Is the service effective?

Our findings

People received effective care from well-trained staff. Relatives and people said the staff were skilled in providing care.

Staff received training in equality, diversity and inclusion, which was covered in staff workbooks as part of their ongoing induction. These asked staff to give examples of how they would challenge discrimination, what equality and inclusion meant and how to promote people's privacy and dignity. The provider had links with organisations who provided guidance in up to date policies and procedures, such as caring for people living with dementia and forums for care at home providers run by the local authority.

Staff said they received training which gave them the skills to meet people's needs. Staff confirmed they received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. A range of training was provided for staff including courses in first aid, moving and handling and building relationships with people. Staff were supported to attain nationally recognised qualifications in care and in management. These included management qualifications for the registered manager.

Staff received regular supervision, felt supported in their work, and, considered the standard of training to be good. Staff confirmed their work was assessed by observation. Staff said they received feedback about their work from their line manager and they felt encouraged to develop their skills.

People's nutritional needs were assessed and care plans were in place to show how staff should support people. These were recorded well and showed the support staff provided to ensure people received adequate food and drink. Care plans also included information about risks linked to eating and drinking, such as swallowing problems, and the staff action to support the person. Relatives and people told us staff helped them with meals and always took account of their choices and preferences.

People's physical health needs were assessed and care plans included any support people needed. Relatives and people told us the staff and provider worked well with health care services. For example, one relative said, "They are very proactive, especially working with the occupational therapist to sort things ready for him/her to be discharged from hospital." People and relatives also said the provider helped them to attend doctors and hospital appointments. A health and social care professional told us the provider and staff acted on their instructions and that staff were competent in providing effective care.

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. Care records showed people were consulted and involved in decisions about their care. staff were

trained in the MCA and had a good awareness of the need to consult people and obtain their consent. There were records to show the correct documentation was in place where relatives made decisions on behalf of people. The provider had a good knowledge of the MCA and its guidance. The provider knew when a referral or query needed to be raised with the local authority if a person did not have capacity to consent to their care and there were issues about the need to keep people safe.

Is the service caring?

Our findings

People and their relatives expressed praise for the calm, compassionate, friendly nature of the care staff and for the kindness of the provider. Examples of the comments made by people and their relatives about the staff included the following: "They have a fantastic sense of humour and attitude is more important than doing the work well – they manage both." Another relative said, "They helped with a period of respite – visiting and staying in touch. It made me feel calmer, took some pressure off me and maintained the contact from when he/she came home." One relative also gave an example of staff going over and above what was expected, "They show they care by doing the extra things, like changing the bed and taking the washing to the machine if he has had an accident and that saves me a lot of work. I appreciate that."

Care staff, relatives and people said they were introduced to each other at the start of the care package which allowed them to get to know each other. Care plans and care provision was individualised to reflect each person's needs and preferences. People and their relatives said they were able to choose whether they wanted a male or female care staff member to assist them. A relative told us their requests regarding care staff were accommodated.

Details regarding mood, memory loss and any depressions were recorded along with details about supporting people with these needs. People and relatives said the staff had time to talk to people. Staff also said they made sure they had time to talk to people to make them feel they mattered. Care records showed people and their relatives were consulted and involved in agreeing the arrangements for their care, and said they were treated as an individual. Staff said they always sought people's consent when helping people.

Staff told us their training covered the importance of treating people with dignity and respect.

People were supported to be independent and care plans showed people were assisted to maintain independence, which people and relatives confirmed. Staff and a health and social care professional said people were supported to be as independent as they can be.

Staff gave us examples of the ways they promoted people's privacy and confidentiality. Privacy and dignity was covered in the staff training programme. People said the staff promoted their privacy, for example, one of the people we spoke with said, "They care about my privacy and don't barge in."

Is the service responsive?

Our findings

People's relatives told us people received personalised care which was responsive to their needs. One relative, for example, told us about their initial contact with the provider, "They were very thorough and made an effort to include and involve Mum. They were in touch a few days after just to check in. They keep to their assurance that if they have to make any changes they let us know." Relatives and people also told us the staff were responsive to any requests and that the provider was receptive to any requests for changes to the care packages.

Care records showed people's needs were assessed to a good standard. People and their relatives confirmed they were involved in the assessments and discussions about what support was needed. People and their relatives said there was frequent contact with the provider to check and review the arrangements for care met people's expectations and needs. The care plans gave staff guidance on how to support people with their needs. These ranged from support with mental health needs, moving and handling support, and preparing food. The care plans were reviewed regularly, which people and their relatives were involved in. One relative confirmed the care review as, "The review was as thorough as the assessment." There was good evidence of any incidents being recorded, reviewed and any changes made to ensure responsive care was provided.

Staff told us they made time to talk to people, sometimes staying longer than the agreed time to provide people with social contact. Details about people's preferences for activities, exercise and socialising were assessed. There was a record of people's preferred daily routines and the support staff needed to make. Relatives told us staff supported people with activities in their home as well as helping people to attend community events.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were included in the care plans. The provider was not fully aware of the AIS requirements but said this was being considered along with any actions they needed to make.

The provider had a complaints procedure, which was provided to people. The provider stated there had been no complaints in the 12 months prior to the inspection. Relatives and people said they felt able to raise any concerns which were responded to and resolved.

End of life was not provided to any people and the provider confirmed staff support, training and procedures regarding palliative care will be developed in the near future.

Is the service well-led?

Our findings

The service was well-led, with a strategy to deliver person centred care and support to people. Staff, people and relatives said the management of the service was open and transparent. Staff said they felt valued by the provider and the registered manager. The provider supported staff to develop their skills and knowledge. Staff performance was monitored by direct observation. The staff confirmed they were asked to give their views about the service. Staff also said communication with the management was good, that they worked well as a team and got feedback about their work.

Relatives and people said communication from the staff and management was good. One relative for example said, "They are at pains to keep me in the loop – emails and post, they just do what is needed – totally reliable." Relatives also said they valued the informal social get togethers organised for relatives, such as lunch on Fridays.

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

A number of systems and processes were used to audit and check the quality of the service. Checks were made that people were satisfied with the arrangements for their care at reviews. Relatives and people said the service provided was valued as it enabled people to remain in their home environment which was their choice. The service is part of a national franchise which provides support and guidance on best practice to Home Instead Senior Care Crawley.

The views of people and relatives on the standard of care were also obtained using a survey questionnaire. These showed people were satisfied with the standard of care and the responsiveness of the management team. The views of staff were also sought via a survey questionnaire; these showed staff considered their training was good and they considered the service was well managed

Records were well maintained. The provider was aware of the need to protect information on both staff and people and the guidelines as set out in the General Data Protection Regulation (GDPR), which was effective from 25 May 2018.

The staff worked well with other agencies to provide coordinated care to people. This included the attendance at provider and manager forums run by the local authority. A health and social care professional told us, "I have worked alongside Home Instead for a number of years now. I have always found them to give an excellent service and have never had to contact them regarding any dissatisfaction or complaint from any of the service users. They are easy to contact, act accordingly and management have shown that they have respect and dignity, not only for the service users, but their staff also. I would highly recommend them."