

J M Price Ltd

Home Instead Senior Care

Inspection report

The North Colchester Business Centre
Office No. 14 & 15, 340 The Crescent
Colchester
Essex
CO4 9AD

Date of inspection visit:
07 September 2017
08 September 2017

Date of publication:
19 October 2017

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

Home Instead Senior Care offers personal care and support to people in their own homes. In addition to providing personal care, Home Instead Senior Care also provides a companionship service which supports people with activities and help with domestic duties. This element of the service, although provided by Home Instead Senior Care would not need to be registered with the Commission if this was their sole purpose.

We focussed our inspection on the people in receipt of personal care only. On the day of our inspection there were 54 people using the service, 36 of which received personal care.

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

The registered manager obtained people's views about the service they received. Audits were used to review the effectiveness of the service and covered most of the key aspects of service delivery. We have made a recommendation about this.

Staff were given an induction when they started work at the service and had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently and were supported to completed higher-level qualifications.

Care plans were person centred and detailed. People were involved with care planning and staff knew people well and were aware of their personal histories. Positive relationships had developed between people and the staff that supported them.

Relevant recruitment checks had been carried out before people started work. Systems and processes were in place to ensure there were sufficient numbers of staff employed to meet people's needs.

The registered manager and staff understood their responsibilities in terms of safeguarding people from abuse and managing risk. People were supported with their medicines by staff that were trained and assessed as competent to give medicines safely.

People's consent was gained before care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to consume food and drink of their choice and staff worked well with people and health care professionals, to ensure people maximised their health and wellbeing.

Information included guidance for staff so they could follow a structured approach to recognise and manage people' health conditions and behaviour.

People had positive relationships with their care workers and were confident in the service. There was a strong value base to ensure workers were caring and compassionate. People who used the service felt they were treated with kindness and said their privacy and dignity was respected.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's needs had been assessed and risks to their safety were identified and managed well.

There was a sufficient number of staff to keep people safe, and they had been recruited appropriately. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse.

People received their medicines safely and as prescribed from trained and competent staff.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision.

People's rights were protected and they were supported to make their own decisions wherever possible.

People were supported with nutrition and access to health care services to help them to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were friendly, caring and respectful.

Staff were attentive to people's individual needs and had a good knowledge and understanding of their likes, dislikes and preferences.

Support provided to people was individual and enabled them to lead an independent life with privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in the assessment and review of their care and support arrangements.

People knew how to make a complaint and were confident they would be listened to and any concerns would be acted upon.

Is the service well-led?

Good ●

The service was well led.

A range of audits were used to review the effectiveness of the service.

People using the service and their relatives were encouraged to give feedback about the service they had received.

The registered manager had developed good links with other services within the community.

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on the 7 and 8 of September 2017. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

During the inspection, we visited the agency's office and spoke with the company owner, seven members of staff, four people and five relatives.

We looked at six people's care records and six staff records. We inspected information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints. Healthcare professionals and local commissioners were approached for comments about the service and their feedback has been included in the report.

Is the service safe?

Our findings

People told us they felt safe with the staff that visited them. One person said, "The staff are so kind. They never make me feel rushed." A relative told us, "They are safe. The staff talk and explain what they're going to do."

Systems were in place to protect people from the risk of harm and staff had received training in how to safeguard adults from abuse. They knew the signs to look for which might tell them that someone was being hurt, or abused and were aware of the reporting process. They told us that if they had any concerns they would report this to the registered manager or to social services.

Risks to people's safety had been assessed and staff knew how to provide support to minimise the risk of harm. Risk assessments looked at the safety aspects of every day domestic and personal care tasks, it considered the risks to people's safety at home, in the community and their physical and mental health.

People told us they had regular and consistent staff and that they arrived on time and stayed for the duration of the visit. Some people told us that occasionally staff may be running late and if this occurred that this was usually due to traffic. Staff rotas showed that there were enough staff employed to meet people's needs. Office staff had also been trained to deliver care and provided cover when staff were on annual leave or had called in sick. One relative explained, "They genuinely care for my mum. They don't race to get in and out as fast as they can."

People told us that the office always contacted them to let them know if there had been a change. One person said, "If the [staff member] is running late, they let me know. They stay the proper length of time and I have never felt rushed yet." Another person said, "They stay the full time allocated and they are very patient." Another person explained, "The staff are mostly regular, unless someone is on holiday or ill. I am always told if there are any changes."

Systems and processes were in place for the safe recruitment of suitable staff. Recruitment files for four members of staff showed that they had completed an application form, detailing their employment history, photographic proof of identity and satisfactory references. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work to ensure they were not prohibited from working with people who use health and social care services.

Medicine administration records (MAR) showed that people received their medicines as prescribed and in line with the provider's policy and procedure and current professional guidance. Staff who administered medicines were trained to do so and told us they had their competence checked by the registered manager to ensure people received their medicines safely. Body maps were completed and signed by staff when they had administered creams. Information about different types of drugs people were taking was available for reference. Medicines given to people as and when needed, for example, for pain relief were documented correctly.

One person said, "I have a blister pack and [the staff] make sure I take them." They added, "I'm very satisfied with this. They know what they're doing all the time. I haven't had any problems with this."

Is the service effective?

Our findings

People told us they received good support from staff who were positive and well trained. Typical comments were, "Oh they certainly are well trained." And, "They have all the right skills to look after [Name]." And, "I think the carers are trained, they seem confident in what they're doing and know how to respond. I am impressed."

Staff told us that when they started working at the service they had received an induction which included a variety of training and that they went on to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The provider had a training programme in place which included health and fire safety, dementia, food hygiene, infection control, equality and diversity, mental capacity, safeguarding people from abuse, medicine administration, moving and handling and first aid. Specialist training was provided to staff depending on the needs of the person they were supporting.

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

The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that it was.

The registered manager had consulted with people who used the service and their families and, where relevant, the local authority and professionals in relation to people's capacity to make decisions about their lives. Staff had received training in the MCA and they were able to demonstrate that they understood their responsibilities with regard to seeking consent and supporting people to make their own decisions. Staff were positive about making sure they gave people information and choices in a way that helped them to understand what they were being asked so that they could make an informed choice and decision.

People were supported to have sufficient food that met their dietary needs and preferences. They were able to choose the food and drink they liked and had support to go shopping, prepare and cook their meals and snacks. One relative told us, "[Name] knows how I like things to be done including how to make their tea the way they like it best."

Staff understood people's health care needs and supported them to maintain good health. The records we reviewed showed that if people needed it they were supported to access health care services such as the GP

and hospital appointments. One health professional described the service as, "Pleased with the support the service delivers. [Name] seems to be supported by people who really do care."

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One relative said, "It's just the way they talk to [Name] You can tell they're interested and that they want [Name] to be involved." Another relative said, "The staff are very caring. It just doesn't seem like a job to them. They try to make a friendship."

Staff had an in depth knowledge of the people they were supporting and could describe in detail things that were important to them. We saw that positive and trusting relationships had formed between people and the staff that supported them. Staff understood about the impact their visits made to people's lives.

People's privacy and dignity was respected by the staff working with them. One relative said, "They don't push her and always check if it's okay to do something first. For example, they wouldn't just get her up without telling her." Another person said, "I feel very respected by the staff. It's just their manner. It's the way they talk to me." Another person explained, "They talk to me nicely and listen to what I have to say. We talk about all sorts of things."

All the relatives we spoke with told us that their family members were supported in a respectful manner. A relative said, "I believe that [Name] is respected and valued by the carers. It's everything they do. Just the way they take their time. They recognise she isn't able to rush." Another relative said, "They come in and do an excellent job. Their mannerisms, the way they talk. It shows they really want to help." Another relative said, "The staff know [Name] really well. They read to her, and sit right next to her and spend time talking to her."

Staff were aware of people's personal preferences. Care plans contained guidance for staff about how to provide person centred care. People and their relatives told us they had been involved with the care planning process. One person explained, "We have it all in a very large book. It's all here. The staff know what they are meant to be doing when they come." A relative said, "[Name] has a care plan and it's kept in the folder." Another relative explained, "They came round and looked at what [Name] wanted and needed. We were very much involved."

Within the care plans we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored. At the time of the inspection, people did not have the choice of being able to choose if they wanted a male or female staff member, as no men has been recruited, however everyone that we spoke with said that it suited them and their relatives to have female care staff.

The registered manager had referred a number of people to the local advocacy service when this was required. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on the issues that are important to them.

Is the service responsive?

Our findings

People told us their individual needs were met by responsive staff. One relative said, "They take an interest in her and they take the time to chat to my dad as well." Another relative said, "We are always talking together. If there are any queries, they always answer it when they're here. They respond very well." One relative explained how responsive the service was, they said, "They have never let us down and are able to adjust things very quickly. For example, [Name] had a hospital appointment last week. At short notice we phoned the office to let them know that we didn't know if [Name] would need the carer that evening. They said we'll keep it open and if [Name] comes home we will be there. Mum did come home and they were there."

People's needs were assessed prior to commencement of care to make sure these could be met. Personal details were recorded which included preferences, religion, preferred names and hobbies. A health and care needs assessment was also conducted which included eating and drinking, personal care, behaviour and communication. These assessments were used to complete personal care plans. One relative explained about the assessment process, "[Name] has been very much part of the decision-making. They asked lots of questions and [Name] was there too. They feel that the agency have listened to them and understands what they need."

The registered manager carried out a full consultation with people who were considering using their services. These consultations involved the person who would be receiving care, relatives, friends, advocates as well as health and social care professionals. Records showed that the care and support planning was always completed before care or support was given.

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person and visit. For example, people had care plans specific to preferred routines. A relative said, "I was definitely involved. It's something I would have picked up on otherwise. I want to be part of [Name's] care."

Staff completed records of their visits to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this. The language used in care records was respectful.

To ensure positive relationships were maintained between the person and their care worker, the registered manager matched staff to people with the same interests. One relative said, "The staff read to [Name] which leads to them chatting. Also, they play an organ with her. [Name] loves it. It gives her some stimulation, they engage her so much."

People and their relatives were encouraged to provide feedback about the service through service visit reviews, quality assurance interviews, spot checks and care reviews. One person said, "They ring me up sometimes," and I have had a questionnaire." Another relative said, "They have sent a survey. They do it more than any of the other agencies we've used."

The service had a policy and procedure for reporting complaints. Information about how people could raise complaints was in the folder within people's homes. We inspected the way the service recorded complaints and noted that there had been two complaints raised in the last 12 months, these had been responded to in a timely manner and in line with their policy and procedure. We noted the service had received a number of compliments about the quality of the service. One person said, "There was the odd minor hiccup at the beginning, we had to get onto them to get it sorted. This has been resolved now."

Is the service well-led?

Our findings

At the time of our inspection we found this service was well led and people were complimentary about the registered manager. One person said, "I know the manager and I find her very kind. You can ask them anything and she always says, if you have a problem, get in touch." A relative said, "[Name] is our main point of contact and they are very good." Another relative described the manager as, "Approachable, knowledgeable and supportive."

The service had a registered manager, but at the time of the inspection they were on holiday and unable to be present at the inspection. In the absence of the registered manager, Home Instead Senior Care was being supported by the director. The business owner and office staff were running the service in the registered manager's absence, and they assisted and responded to our enquiries effectively.

Both, the registered manager and the director were actively involved in the day to day management of the service. They demonstrated strong leadership skills. The director was open and transparent about the service and the improvements they could make towards being a better service.

Throughout our visit, management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the director and staff spoke openly and honestly about the service and the challenges they faced. Staff told us they felt the service was open and transparent.

People and their relatives knew the director and the registered manager and were complimentary about them and the management team. One relative said, "I have got comparisons with other agencies. This one is excellent." Another relative said, "I believe it is a very well managed service. Everyone knows what they are doing. We couldn't ask for more."

Staff felt the director and the registered manager were supportive and approachable. They said; "This is a superb place to work, [Name] cannot do enough for you and helps you as much as they can." They are very good, they are considerate and care about the staff, that's important." One staff member said, "Both the manager and the director are really good. They are really approachable and you can go to them about anything."

The director told us about their vision for the service, and their values included honesty and involvement. They told us their main area of development, was getting people to be more relaxed and comfortable around staff and helping people and staff to build meaningful relationships.

Feedback about the service people received was welcomed and regular surveys of people's views and experiences of the service was carried out. When feedback had been received, it wasn't always clear what action was being taken as a response. For example, the service did not have an action plan in place to show what improvements were going to be made to the service moving forward. When we fed this back to the director, before the end of the inspection they had started working on developing an action plan. We recommend that they continue to embed this approach.

Staff described a culture that was open with good communication systems in place. The director told us about the plans they had to improve the service over the coming year. Some of these were to look at ways they could increase staff health and welfare by delivering stress management workshops and building staff morale. Staff told us they had regular team meetings and were able to discuss issues and raise concerns. One staff member told us, "We have regular team meetings and you feel that you are able to discuss things and make suggestions."

The provider had quality monitoring systems in place to review the care and treatment provided by the service. This included regular audits of care plans, quality support audits, observing care practice and gathering people's experience of the service through annual surveys.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to notify the CQC about reportable events.

The registered manager supported a number of local events and national initiatives, to promote good care standards. For example, to celebrate Dementia Awareness week an event to raise awareness about the condition had been arranged to encourage members of the community to learn more about 'living with dementia'. Sessions advising people about how to stay safe in their homes were also offered.

The registered manager had established links with other services within the local community and was looking at ways partnerships could be developed with local charities which would assist the people they supported. For example, the service provided support to a number of ex-service men and women and the registered manager was looking at ways they could link in with charities so that could support people to access additional resources or support for these people.