

Happy at Home (Bromley) Limited

# Home Instead Senior Care – Bromley, Chislehurst and Orpington

## Inspection report

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Date of inspection visit:  
14 July 2016

Date of publication:  
29 September 2016

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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

This announced inspection took place on 14 July 2016. Home Instead Senior Care – Bromley, Chislehurst and Orpington provides personal care and support to people living in their own homes. At the time of our inspection there were 23 people receiving personal care. Home Instead Senior Care was last inspected on 24 April 2014. The service met all the regulations inspected at that time.

The service 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.

People received support from staff who understood their health conditions and the related risks to their wellbeing. Staff had support plans to guide them on how to support people safely with their needs and identified risks. There were sufficient staff available to meet people's needs. Staff sought people's consent before they supported them with care.

People received support in line with the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff supported people who may lack mental capacity to understand and make decisions relating to the care they required. Where a decision had to be made for the person the service had followed 'best interest' process and involved healthcare professionals and people close to the person.

Staff told us the registered manager was approachable and supportive. Staff received regular supervisions and annual appraisals. The service used feedback to improve their practice. The registered manager ensured staff received training in relation to specific needs of people.

People told us staff were polite and treated them with respect. Staff involved people and their relatives in planning their care. Staff carried out risk assessments and there were care plans to provide them with guidance to support people safely.

People received the support they required to access healthcare services. Staff supported people with eating and drinking as appropriate and in line with guidance from healthcare professionals.

The registered manager regularly obtained feedback from people and their relatives on the support people received and their views of the service. The service considered people's views and used them to improve the quality of their care and support.

People understood how to make a complaint and told us they were confident the registered manager would take action to resolve their complaints. The registered manager regularly monitored the quality of the service and improvements were made to the service.

## 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. Staff assessed risks to people and had plans in place to manage the risks. Staff knew how to recognise abuse and what action to take to protect people from harm.

People received their medicines safely as prescribed. There were sufficient staff to meet people's needs and accompany them in the community when required.

### Is the service effective?

Good ●

The service was effective. Staff received support and on-going training to develop their skills to meet people's needs effectively.

Staff obtained people's consent to care and treatment and supported people in line with the Mental Capacity Act 2005 (MCA). Staff respected people's choices. People received the support they required to eat, drink, and access the healthcare services they needed.

### Is the service caring?

Good ●

The service was caring. People and their relatives told us staff were kind and friendly. They said staff treated them with respect and considered their views.

Staff knew people well and how they preferred to be supported. People were treated with dignity and their privacy respected.

### Is the service responsive?

Good ●

The service was responsive. People received care and support which met their individual needs and preferences. People and their relatives were involved in planning their support.

People's concerns were responded to appropriately and people were asked for their views of the service.

People were encouraged and supported to follow their interests and participate in community activities.

### Is the service well-led?

Good ●

The service was well-led. People, their relatives and staff told us the service was well run. Staff told us the registered manager was open to their ideas to improve the service.

The registered manager regularly checked the quality of the service and made improvements when necessary.

# Home Instead Senior Care – Bromley, Chislehurst and Orpington

## **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 July 2016 and was carried out by a single 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.

We gave the registered manager 48 hours' notice before the inspection to make sure that appropriate staff and managers would be available to assist us with our inspection.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During the inspection, we spoke with the registered manager and five staff members. We reviewed five people's care records and their medicines administration records. We looked at staff records including recruitment, training, supervision and appraisal reports. We reviewed safeguarding records and the complaints procedure. We looked at quality monitoring arrangements including compliments records, team

meeting minutes, accident and incident reports and quality assurance records.

After the inspection we spoke with seven people using the service and two relatives and received feedback from two social care professionals.

# Is the service safe?

## Our findings

People told us they received support and care that kept them safe. One person told us, "I feel safe and well looked after". Another person said, "I have nothing to worry about. Staff take good care of me". A person's relative told us, "I see how staff support my relative. I cannot fault them".

People were safe because staff assessed risks to people's health and safety and ensured there was adequate information about how to support them safely. Risk assessments were detailed and contained guidelines to staff on how to manage known risks. They covered issues such as skin care, accessing the community and swallowing concerns. For example, a person's record showed they were at risk of choking when eating. Their care plan showed staff were to be alert to signs that the person was choking and to promptly provide assistance when necessary. There was a plan in place for staff on how to support the person to eat safely and ensure their wellbeing.

People were protected from the risk of developing avoidable pressure ulcers. The service explained the risk to staff and each person and took appropriate preventative action. To maintain the safety and welfare of people using the service, and to reduce the risks of fires in their homes, the service involved people and their relatives to raise awareness of the risks in their homes and what action to take to keep safe.

People were protected from the risk of harm. Staff understood their role in recognising abuse and their responsibility to take action to keep people safe. Staff explained to us how to identify abuse and the service's safeguarding procedures they had to follow to report any concerns to ensure people were safe. Staff knew they could whistle-blow to alert authorities when necessary about abuse cases or poor practice. The registered manager had followed safeguarding procedures to protect people from harm by reporting and working with the local authority on an allegation of abuse.

The provider developed the service through the use of local resources and working in partnership with the community to keep people safe. The service made people aware information on scams and financial abuse involving older people through senior fraud protection talks and leaflets and how to keep safe.

The service monitored incidents and accidents to ensure people were protected from avoidable harm. Staff told us they reported and maintained records of incidents and accidents. Records showed the action staff had taken immediately after the incident and any future action required to prevent the situation happening again. Staff kept people as safe as possible when emergencies occurred. Staff told us they would use appropriate first aid techniques or call the ambulance service to check if the person needed to go to hospital.

Staff managed people's medicines safely. Staff supported some people to self-administer their medicines by means of verbal prompting and encouragement. Risk assessments and support plans were in place to give staff guidance on how to support people to self-administer medicines. The registered manager audited medicines administration record (MAR) charts. We saw staff had accurately completed MAR charts which showed people had consistently received all their medicines at the prescribed dosage and times. Staff

understood people's health conditions and knew the effects of the medicines they took and how to support them safely if they experienced any health changes. Staff told us they understood and followed the service's procedures on managing people's medicines safely.

People told us there were sufficient staff at all times to meet their needs safely. People and their relatives told us they received support from a regular and consistent staff team. One person told us, "I have the same [staff] who comes regularly. The manager sends someone who knows me if my regular carer is away on holiday". Another person told us, "There is always a carer to support me as planned". People received their care as planned and had never experienced any missed calls. The registered manager made people aware of any changes made to members of staff who supported them. The service had a system that monitored staff's punctuality when they visited people's homes which ensured that people did not experience any missed visits. Staff rotas showed the service was staffed as planned and that sickness and absence was adequately covered.

People received support from suitable staff recruited through a robust and safe process. We looked at staff files and found the necessary pre-employment checks had been completed which included obtaining and verifying both written and verbal references, criminal record checks and evidence of their identity. Staff records showed new staff had completed an application form with details of their experience and qualifications. The interview notes showed the interviewer had asked new staff to clarify their work history and experience of supporting older people during the interview.

Staff minimised the risks of infection to people through their practice. Staff told us how they prevented cross contamination and reduced the risk and spread of infection. We observed members of staff collect personal protective clothing, such as gloves and aprons from the service. Staff told us they had access to protective clothing and followed the service's procedures to protect people from the risk of infection.



# Is the service effective?

## Our findings

People and their relatives told us the staff who supported them had the necessary skills and were competent. One person told us, "The carers know how to do their work properly". A person's relative told us, "My relative is well cared for. I have no concerns about the support they receive". Another relative told us, "Staff do know what they do".

People received care from staff who felt well supported to carry out their responsibilities. One member of staff told us, "Whatever issue is bothering me, the manager will ensure something is done about it". The registered manager carried out regular one to one supervisions with staff. Supervision records confirmed staff discussed issues of concern, any additional support they required and their training and development needs. Staff told us they felt listened to in their supervisions and that the registered manager was always available to them for advice. Staff had an annual appraisal and covered any areas for development and the training the staff required to undertake to improve their knowledge and skills. The provider recognised and valued individual and team efforts which boosted staff morale.

People received support and care from suitably qualified staff. New staff completed an induction before they started to support people that covered classroom based training, "shadowing" experienced members of staff and on the job observation by the registered manager. Records showed the registered manager carried out observations on staff's practice and reviewed their performance to ensure they were competent to support people.

Staff received the training they needed which ensured they supported people effectively. We saw from records that staff received regular training and refresher courses in the Mental Capacity Act 2005 (MCA), safeguarding of vulnerable adults, infection control and managing people's medicines. Staff had received specific training to support people such as courses on managing challenging behaviour. Staff told us, "We are booked on refresher courses when they are due". Staff were able to explain to us how their practice had improved because of the training on managing challenging behaviour. This meant people received support from staff with the appropriate training and knowledge. Staff undertook care and support tasks after they had attended relevant training. People received their medicines from staff assessed as competent to do so.

Staff had access to support from management when supporting people in the community. The service had an on call system that staff used to seek advice when faced with situations they required additional support with. Staff told us they were aware of the emergency response services to call should they recognise sudden changes in a person's health which required immediate action.

The service involved people and their relatives to make decisions about their care and support. Staff ensured people gave consent to their care and treatment. Staff understood the MCA and how they used it to support people to make decisions when providing day to day care. A member of staff told us, "We always ask people for their permission to do something and support them as they wish". Another member of staff said, "We involve people in making decisions that affect them". Staff ensured people gave consent to their care and treatment appropriately.

People received the support they required to eat and drink. One person told us, "I have what I like for my meals". Another person said, "Staff help to prepare my food". Some people had complex health needs which had an impact on their diet. For example, a person's care plan showed they had swallowing problems and there was guidance for staff on how to support the person with their meals. Records showed the service had obtained information from dieticians and speech and language therapists about how they should meet the person's dietary needs. We saw staff had followed professional guidance and provided a person with soft foods to reduce the risk of choking. Staff told us they raised any concerns about a person's eating and swallowing with the person's family to make sure they were aware of changes in their relative's condition. Records showed staff had received specific training in managing the health and nutrition of people with complex eating needs.

Staff supported people to access the healthcare they needed to keep as healthy as possible. One person told us, "A member of staff goes with me to hospital appointments". Another person said, "A member of staff comes with me to my GP". People told us staff monitored their health and recognised when they were unwell. One person's relative told us, "Staff support my relative to get medical assistance when needed". Staff monitored people's health and took necessary action to support them to receive appropriate care. When a person was admitted to hospital, a member of staff visited to reassure them and provide a friendly face. We saw the registered manager liaised with healthcare professionals if they had any concerns about people's health conditions and ensured staff supported people as recommended. This reduced the risk of people not receiving appropriate and timely health interventions.

## Is the service caring?

### Our findings

People and their relatives told us staff were kind and caring. One person told us, "Staff are wonderful and kind". Another person said, "My carers are polite and do things with a smile". One relative told us, "Staff have time for a chat and always talk to my relative in a pleasant manner".

People told us staff respected their dignity and privacy. One person told us, "Staff treat me well and I have no concerns". Another person said, "Staff are polite and knock on the door before coming into my room". People told us staff always addressed them by their preferred names.

Staff encouraged people to live as independently as possible. One person told us, "My carer helps me to do things for myself". Another person told us, "I make my choices about what to wear and what to eat. Staff help me with tasks I can't do on my own like washing my hair". Records showed staff supported people to complete some tasks in line with the help they needed. Staff recognised people's strengths and supported them according to their health conditions. People with physical disabilities received appropriate support to use their mobility aids.

People received support from staff who knew them well and understood their needs. One person told us, "Staff take their time and do not rush me". Another person said, "Staff know my routine and will ask if there is anything else they can do to help". A relative told us, "Staff keep us informed of any changes they notice in my relative's wellbeing". Staff knew people's preferences. For example, a person's records showed they preferred to have a shower and have their breakfast in the lounge. Records showed staff had supported the person as they wished. Care records demonstrated that people's diverse needs were understood and met. For example, the service was able to meet the specific needs of a person with physical disabilities.

The service carried out a match matching process to identify a suitable member of staff to support and care for each person. For example, people were paired to be supported by staff who shared a similar interest such as a sport or spoke the same language as them. This ensured people could develop a rapport with staff and have their needs met.

The service had developed effective ways to communicate with people which made them feel respected by the service. Staff told us they identified people's communication needs which helped them to work with people and understand how a person wished to be supported. Records contained information about people's communication needs and how staff were to support the person to have their needs understood. The service kept people's information about their health and support needs confidential and secure.

Staff involved people in making day to day decisions. One person told us, "Staff support me with a wash. I like to dress myself". Another person said, "I am happy that I get to do whatever I want each day". People told us staff were patient and friendly when supporting them. Staff encouraged people to undertake activities to promote socialisation and help people develop friendships but respected a person's decision if they wanted to do things on their own.

## Is the service responsive?

### Our findings

People received care and support that met their individual needs. People and their relatives told us they were involved in planning care and support to meet their needs. Staff met people and their relatives to obtain information about people's needs and the support they required. We saw records contained information about people's health, life histories and preferences. Staff had obtained information about people's specific needs which enabled them to plan for their support which met their individual needs. Care records demonstrated that people's diverse needs were understood and met. For example, the service was able to meet the specific needs of a person with physical disabilities.

People received care and support that was appropriate to their current level of need. People told us they received telephone calls and visits from the registered manager to review the client's needs and discuss whether they were happy with the care and support they received. A relative told us, "We attend some of the reviews and staff keep us informed of the changes to [my relative's] support plan". Records confirmed the service carried out regular reviews of people's needs and the support they required through a telephone call or a home visit.

The registered manager ensured staff knew changes to people's health needs and the support they required which enabled them to provide appropriate care. For example, staff told us they had received information on how a person now required more support when eating because of an increase in their risk of choking and how they would support them. Staff said the registered manager used team meetings and telephone calls to members of staff to update them on any changes in the needs of the people they supported. People received the support they required as staff had up to date information regarding their care needs.

People told us staff supported them in line with their preferences and delivered their support in the way they wished. The service was flexible and responsive to people's needs. For example, a person told us, "Staff support me as I ask. They are flexible in the way they support me". Another person said, "Staff know how I want my things done. They help me as I wish". A relative told us, "Staff listen to how my relative wishes things to be done. They respect that". Records showed staff considered and respected people's preferences. For example, a member of staff had encouraged a person to explore their local community and take part in events or activities on offer. They used the information they had about the individual's preference to support the person plan activities and attend a dinner and theatre performance. People were supported to undertake activities and interests such as walks, eating out and visiting people important to them.

People pursued their interests and staff encouraged them to take part in activities of their choice. One person told us, "I enjoy going out for shopping and staff go out with me". People's records showed their interests and the support they required to pursue activities that were important to them. The service took time in understudying people and matching them with staff who had a rapport with them. The registered manager had ensured a consistency of staff to meet people's needs.

Records confirmed staff had supported people to engage in activities of their choice in line with their wishes. The service supported people to maintain contact with relatives and friends. Relatives told us they felt welcome and staff regularly invited them to meetings at the office.

The service worked in close partnership with healthcare professionals. For example, staff received input from health professionals in relation to the care and support of people. We read minutes of a meeting which showed they had discussed causes and prevention of stroke and 'life after a stroke'. Staff had attended another meeting with a guest speaker to enhance their knowledge about Parkinson's disease. The service followed guidance from healthcare professionals such as St Christopher's to effectively support people at end of life.

People and their relatives had information about how to make a complaint. People told us they had received adequate information from the service on the complaints system which was provided in a format they understood. One person told us, "I've had no issues. If I had any concerns, I would let the manager know". Another person said, "I can always let the manager or my carer know if I am not happy about something". People told us they felt confident the registered manager would investigate and respond to their complaints. We asked to see a summary of the complaints received in the last year and no complaints had been made.

## Is the service well-led?

### Our findings

People and their relatives told us they were happy with the service and the care and support they received. One person told us, "This service is very good and the care is wonderful". Another person told us, "I can get in touch with the manager very easily and the place is well run". A relative told us, "The manager is supportive and happy to help".

People and their relatives told us the registered manager sought their views of the service during one to one meetings and telephone calls. They told us the registered manager welcomed their contributions and used feedback to develop the service. People were able to make suggestions and felt the registered manager listened to them.

The registered manager involved people in the development of the service. People, their relatives and staff told us the registered manager was approachable and involved and they were confident she would take action to develop the service. Staff told us the management team was available and welcomed their ideas to improve the service. They said there was good teamwork which the registered manager encouraged them to develop to share good practice. Staff said they felt the registered manager valued their work. Records of staff meetings held with the registered manager showed they had discussed ways to improve the service and their ideas were considered.

The provider and the registered manager created an environment within the service that encouraged sharing of new ideas. The provider shared and communicated in meaningful ways the business plan with people and staff and ensured they all understood the direction of the service and how to implement the plans.

The quality of the planning and delivery of the services was subject to regular checks. The service carried out random spot checks and regular visits to monitor how staff supported people to meet their needs. The registered manager gave feedback to staff on their practice and offered them the support they needed. A member of staff told us, "The registered manager checks the records we write and asks people and their relatives on the quality of support they have received". Another member of staff said, "The spot checks ensure we maintain high standards of care when we support people". Staff told us the registered manager had discussed with them any issues identified during the checks. Records showed the registered manager had made follow up visits if there were any issues, which required improvement and acted on them. People received appropriate support as the registered manager continued to monitor the quality of support they received.

The service monitored remotely each staff member's visit to support people in their homes which ensured people received the service they required. The system involved real time monitoring of staff's punctuality. People told us the registered manager kept them updated with information if a member of staff was delayed. The registered manager told us the system enabled the service to address promptly any concerns raised to improve people's experiences.

The service worked in partnership working with organisations which promoted information sharing and understanding of specific conditions that affected people using the service. The provider had accreditation to recognised organisations such as Dementia Friends Champions and offered free dementia awareness sessions and dementia workshops to the local community and to staff to help those living with dementia. The provider engaged staff and the community to share knowledge and experiences to encourage best practice at the service. For example, the provider is a Dementia Friends Champion and had run information sessions in their community.

The provider was a member of the Bromley Dementia Action Alliance and participated in external forums to discuss the support about how to enable people to live well with dementia in the community. For example, the service discussed with healthcare professionals and the local authority in relation to the care and support of people with complex needs. Staff told us they had reflective practice meetings to develop their skills to meet the needs of people with behaviours which others may find challenging. Staff told us the sessions ensured they supported people appropriately in a way that reduced their distress.

The registered manager carried out regular checks and audits on the quality of the service to improve the care and support people received. For example, each month the service looked at all care plans to ensure they were accurate and up to date. The registered manager also reviewed medicine administrations charts to ensure people had received their medicines and that staff were following medicine procedures. Records showed appropriate action was taken if there were any issues which required improvement.

The service actively encouraged people to express their views about the service and voice any concerns. The service used people's feedback to improve the quality of the service. The registered manager sent out quality assurance questionnaires and asked people, their relatives and staff about their views on the service. The latest survey was carried out in July 2015 and showed a high rate of satisfaction with the service and compliments by all people and their relatives who had responded.

The service was part of the Home Instead franchise that won the Queen's Award for Enterprise 2016 in the area of innovation. The award is centred on innovation based on the model of delivering social wellbeing, companionship and a minimum one hour visits. The provider and registered manager encouraged and supported staff to provide high standards of care. This had resulted in a member of staff receiving recognition through a 'CareGiver of the Year Award' nomination.

The registered manager reviewed the quality of care records to make sure they were accurate and up to date. The registered manager regularly reviewed people's written records and ensured staff had received training in record keeping. The service checked how staff recorded people's information and ensured it showed the support people had received. For example, the registered manager reviewed daily reports on the care and support people had received. We saw that the registered manager regularly discussed with staff their record keeping and made further checks to ensure their performance was satisfactory.