

Comitis LII Limited

# Comitis L11 Limited t/a Home Instead Senior Care

## Inspection report

Stubbers Farm  
Unit 9 Suite B, Mountnessing Road  
Blackmore  
Essex  
CM4 0NX

Tel: 01277822858

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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 inspection took place on the 11 of May 2016 and was announced. The inspection was carried out by one adult social care inspector and one expert by experience.

Home Instead Senior Care is a service which provides personal care and support to adults in their own homes. In addition to providing personal care, Home Instead also provides a companionships 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 115 people using the service, 60 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.

People were kept safe by staff that had a thorough understanding of their responsibilities to protect people they were caring for from harm or abuse.

People's needs were met and they were cared for by sufficient numbers of staff. The risks to people were identified and reviewed to ensure people remained safe.

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.

Medicines were managed safely and staff members understood their responsibilities.

The registered manager conducted regular audits and improvements were carried out when these had been identified. The quality of the service was monitored and assessed consistently. People who used the service, family members and staff were regularly consulted about the quality of the service they received.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service, family members and visitors were made aware of how to make a complaint and there was an effective complaints policy and procedure in place.

The service regularly used community services and facilities and had links with the local community.

## 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.

The provider had systems in place to recognise and respond to allegations of abuse. Risks to people were identified and assessed.

Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

### Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and appraisals.

People's dietary needs were understood and met and they had access to health care.

The registered manager understood the legal requirements of the Mental Capacity Act 2005 and the role of the Court of Protection.

### Is the service caring?

Good ●

The service was caring.

People felt staff always treated them with kindness and were respectful.

People and their family members told us staff treated them in a respectful way.

People's privacy and dignity was supported and staff were aware of how to promote people's independence.

### Is the service responsive?

Good ●

The service was responsive.

People felt the service promoted open and inclusive communication and had developed strong links with community services.

People were enabled to participate in activities with the encouragement of staff which focused on helping people to achieve their goals.

People knew how to make a complaint if required.

**Is the service well-led?**

**Good** ●

The service was well led.

People had confidence in the management of the service which worked effectively to ensure people's needs were met.

The management promoted strong values which were embedded in the service and demonstrated by staff from the beginning of their employment.

There were processes in place to monitor quality and understand the experiences of people who used the service.

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## **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 took place on the 11 May 2016 and was announced, which meant the provider knew we were coming. The inspection was carried out by one inspector and an expert by experience.

Before we visited the provider we checked the information that we held about the service, which included notifications, complaints and safeguarding concerns. A notification is information about important events the provider is required to send to us by law.

We looked at the care plans of six people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the registered manager, three members of staff, thirteen people who use the service and two health professionals.

# Is the service safe?

## Our findings

People told us they felt the service was safe. One person said, "I am not bossed about, sometimes I ask staff to go upstairs and fetch something, I know they do not rummage about. I am very happy with the support I am given." A family member said, "Staff do the shopping twice a week and money and receipts are always left. There is no question [Name] isn't safe in the care of the staff."

We checked records, and found safeguarding policies and procedures were in place and staff received regular training in safeguarding people from abuse. All of the staff we spoke with displayed a thorough knowledge of how to recognise signs of potential abuse. They understood the process for reporting concerns and escalating these to external agencies if needed. The provider produced a newsletter which was given out to people. There was a section within the newsletter, promoting safeguarding and giving advice about how to raise any concerns. We noted that a poster was also on display in the office which gave people information about how to report safeguarding concerns to the local authority.

People we spoke with told us there was enough staff on shift and that they turned up on time and stayed for the duration of the visit. One person said, "The care givers have an hour to prepare a proper meal and my tea, sometimes they run over the time." Another person said, "The staff are never late, the same two ladies come on different days. I couldn't want for nicer people."

We checked records relating to staffing levels and found there were sufficient numbers of staff on shift. We looked at rotas and the providers approach to allocating work. The provider used an electric call monitoring system to track and allocate work. This system required staff to call a free phone number on arrival to clock in and then repeat the procedure to clock out at the end of the care call. The manager explained the system had helped to reduce the risk of potential fraud by time theft. We spoke to staff and they told us there was enough staff on shift to enable them to carry out their role, and when people were absent due to sickness, permanent staff were flexible and covered absences.

We found risk assessments, were in place as identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks. Where people had been supplied equipment we noted the details of the previous maintenance checks was recorded along with dates of when this was next required. The manager told us that this was recorded so that if maintenance checks were not carried out on the equipment, they could follow up with the appropriate agency.

Accidents and incidents had been recorded and copies were kept in each person's care records and in a master accident forms file. Each report recorded the details of the person who had the accident, where and when it occurred and the outcome. The registered manager also carried out a monthly analysis of accidents and incidents which looked at themes and trends and any common occurrences so that this could be addressed.

People told us they received the support they required with their medicines and we checked records and

systems and found the service managed medicines well.

One person said, "I do my medicines myself but the staff always say 'have you taken your tablets' and I say 'yes.'" Another person told us, "Care staff couldn't get the health professionals to come in, so they collected the sample bottle from the surgery and took it back so it could be tested."

We looked at records and found they described the type and amount of medicines people needed. Record stated when people were encouraged to look after their own medicines. We checked Medicine Administration Records (MAR) records and found these had been completed correctly. MAR records were audited on a regular basis with any recording errors or concerns promptly followed up. Staff members were trained in the administration of medicines and had their competency assessed regularly.

We checked recruitment records and saw the registered manager had taken the necessary steps to make sure people were protected from staff that may not be fit and safe to support them. Checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

# Is the service effective?

## Our findings

People told us they received effective care and support from staff. One person said, "The other day, I had a flood and the fire brigade had to come, the carer stayed over their allocated time to help me. They were wonderful, really good."

The manager told us about his passion for providing a good dementia care which he felt helped people to stay in their own homes for longer. We saw evidence the service had staff signed up as dementia friends and a dementia champion was in place. Dementia friends champions are trained people who encourage others to learn about dementia. The aim of the concept is for champions to run information sessions in their community and inspire others to help those living with dementia live well. We checked records and found the provider trained staff in dementia; this course was accredited with City and Guilds.

We spoke with a staff member who had recently joined the team and they told us they were working towards obtaining the care certificate and had received a good induction. We checked records of people who had recently been employed by the provider and found they were either working toward or had completed an induction and were enrolled to complete the care certificate.

All of the staff we spoke with told us they had received training which enabled them to be confident in their role. One staff member told us, "The training I have received helps me to be competent in my role. [Name] is a really good trainer, she gives you confidence."

We checked records, and found staff had a training plan in place which was individual to their needs. We noted a number of staff were either currently completing or enrolled to complete the QCF level 2 and 3 in Health and Social Care. When training had been given competency tests were carried out to ensure the staff member was able to transfer the learning into practice. Not all of the staff records that we reviewed had evidence of having completed training in MCA, health and safety, equality and diversity. We spoke with the manager about this who explained that this training was provided but they would review our findings and if there was any gaps would ensure that training was quickly arranged. We noted at the time of our inspection, the provider had recently introduced a new online system to record training completion, and was in process of transferring staff records across to this system. The service had an in-house trainer and facilities to train staff on site. A training plan was provided which showed training was available to staff on a regular basis.

All of the staff we spoke with told us they were well supported by their manager and had regular meetings to discuss their progress. We checked records and found staff had received regular supervisions and appraisals. This meant that staff was fully supported in their role.

We checked care records and found information regarding dietary needs, preferences and food allergies were recorded. Entries like, make sure a salad is offered with every meal, and use sweetener with hot drinks not sugar, was recorded. This meant that people's dietary choices could be understood by staff. The manager told us, "For most people we don't provide meals, but it is really important to have this information recorded, just in case we are asked to offer support at the last minute. It means we can get it right and that is



important for us and our customers."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked records and found consent was obtained and recorded within each care plan. Where a person had a lasting power of attorney in place, it was clearly recorded with copies of relevant documents retained within the care plan. A lasting power of attorney (LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity. When a person did not have a lasting power of attorney in place, records relating to the court of protection was retained with in the file. We noted that when Independent Mental Capacity Advocate (IMCA) had been involved with a person, their involvement was recorded within the care plan. An IMCA provides statutory advocacy and gives some people who lack capacity a right to receive support from an IMCA.

People's care records showed the involvement of health and social care professionals and we saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GP's, occupational therapists, mental health team and social workers. Records reflected the advice and guidance provided by external health and social care professionals. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people were met.

## Is the service caring?

### Our findings

People and relatives we spoke with were pleased with the care and support they received from the service. They told us they felt staff listened to them and acted upon what they said. One person told us, "I ask the staff to do 'so and so' and they always help me. I look forward to them coming."

People told us staff were polite and communicated with them effectively. One person we spoke with said, "The staff are just friendly, they speak to me nicely. When the staff help with personal care they don't make me feel awkward." Another person said, "I am very pleased with the company and the way they do things, I couldn't ask for nicer people." We also received comments, "Staff go beyond the call of duty. If an issue arises I receive an email or phone call and they listen to me too."

People we spoke with told us about regular care and support review meetings they had with the provider. One person told us, "The office have requested a review meeting, they are a proactive company."

People and relatives told us staff treated people with dignity, respect and upheld their rights to privacy. One family member told us, "The staff are very respectful, and they respect [Name] and their home." A person told us, "The staff are very respectful, I trust them. I feel very comfortable with the staff, they are not intrusive at all."

Staff were able to explain to us how they treated people respectfully. One staff member described how they maintained people's privacy and dignity when providing personal care. They said, "I ensure blinds and windows are closed." Another staff member told us how they maintained people's dignity by keeping them covered whilst providing personal care. They said, "When I am giving personal care I talk to people about their life, it's about trying to take their mind off of what you're doing, and respecting people's wishes. Most people don't really want to be in position where they are having to receive personal care, it's important to be mindful of that." A person we spoke with said, "The carers are very respectful. When they are here for an hour I can get on with some of my little jobs I need to do. I wouldn't be without them."

We checked records and found staff received guidance during their induction in relation to dignity and respect. Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. One staff member told us, "If I can go into a person, and leave them feeling better, that's what it's all about. More than anything it's about giving people companionship and help."

We checked records and found advocates were involved if they were required. This meant the provider involved an external person to help establish the person's wishes.

## Is the service responsive?

### Our findings

People using the service and relatives told us they felt the provider was responsive to people's needs. One person said, "I have a carer to help me prepare a proper meal and my tea, sometimes they run over time." A family member told us, "They sent staff to sit with [Name] when a GP had been called, without me requesting this support."

We checked care records and found care plans were regularly reviewed and people had their needs assessed before receiving a service. People and their family member's told us they were aware of their relatives care plan. One person told us, "The care company have asked for a review and I have to get back to them with a date."

One family member said, "The service is flexible and that is reassuring as the family is scattered. They are very aware of [Names] needs."

Each person's care record contained information about the person details. This included the person's preferences, interests and details of individual daily needs such as mobility, personal hygiene, nutrition and health requirements. The care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. People we spoke with knew about their care plan. One person said, "The care plan is in the log book and I read it every day, I can ask to alter things and the company will."

Staff told us about the importance of people being supported to maintain their independence. One staff member said, "Independence can come in a variety of different ways. For example, [Name] doesn't want to not do their house work, it's simply because they could not remember how. I get two dusters and encourage the person so that we can do it together."

Another staff member said, "You have to remember that everyone is different, if you're doing something, cheerfully encourage them to help you. We are an aid to their independence."

The service offered a befriending service and had arranged a number of community activities people could participate in. Tea dances and music events were scheduled to take place on a regular basis. The manager told us that this helped to reduce people's loneliness and create community links for people who would otherwise be isolated in their own home. The manager told us that they had arranged community events to support people to get to know each other. They went on to explain that research had shown that music therapy for people with dementia helped trigger past memories. This meant that the service had recognised there was a gap in this area and arranged for these sessions to take place to support them to provide person-centred care based on best practice.

During our inspection we observed a person spending time the office. We observed friendly banter between staff and the person. The Manager said, "They like to come into the office and be part of what going on. They always come in on a Wednesday and have a cup a tea and some cake, and we talk." One relative said, "I would recommend the provider to others, the office staff are very helpful and have [Names] best interest at

heart."

The service had links with the local community, and promotional events were arranged by the provider. To celebrate Dementia Awareness week an event had been arranged to encourage members of the community who wanted to know more about 'living with dementia'.

A number of community events had been arranged in partnership with Home Instead Senior Care and Brentwood Leisure Trust. Monthly tea dances were held, and regular music sessions had been set up. The manager explained the aim of these sessions was to use music to encourage cognitive well-being, for people with dementia. The manager explained the service had strong emphasis on building, and developing community links. They explained that by arranging local events people could be encouraged to get together, reduce loneliness and breakdown community barriers around dementia. The service listed other community events in their newsletter, this included, bingo night, contact details for Essex county fire and rescue service with advice around testing fire alarms, singing and dancing with Parkinson's and local church sessions.

The provider told us they held free events which aimed to offer solutions to the challenges faced by family carers. An event was held in the local town, which brought together support organisations, charities and local businesses offering support and guidance. A poster was seen promoting these events and a publication from the local newspaper.

The provider told us that they offer information telling people about how to stay safe in their home A booklet was provided called Senior Fraud Protection and included information about scams to be aware of and reasons people can be targeted. It also included a checklist for people to scam proof their home, post, computer, and telephone.

We checked the provider's complaints process and found a system was in place for people and relatives to provide feedback about the care and support being provided. When complaints were made these were processed in a timely way, with outcomes clearly recorded. Compliments about the service were also recorded in the same way. We noted that a significant number of compliments had been received about the service.

## 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 member of staff told us, "The management here is very good, [Name] is very supportive and I feel encouraged."

The registered manager was held in high regard. People, relatives, staff and healthcare professionals all described the management of the service as open and approachable. One staff member told us, "The management are supportive and friendly."

We saw the service had a well-defined management structure which provided clear lines of responsibility and accountability. For example, the various sections of the business were managed by different care leaders. This was supported by administration support and a lead for training and development. The registered manager had overall responsibility for the service. The provider's values and philosophy were clearly explained to staff through their induction programme and staff told us there was a positive culture where staff felt included and consulted. One staff member said, "I love my job, and the people I work with, team spirit is good."

A number of people told us they had found out about the service from people who had recommended them. One person said, "A friend recommended the company to me, the service has been very good and spoke to me about the support I needed."

We checked records and found staff meetings took place on a regular basis and handovers meeting took place. This meant staff were regularly consulted and kept up to date with information about the service. One staff member told us, "I can contribute my ideas on things that need improving."

There was a stable staff team and staff told us morale was good. Staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service. Another staff member told us, "My manager encourages us to better ourselves. She has really encouraged me to gain additional qualifications."

Staff told us there was a positive culture in the service. For example, the provider looked at ways in which staff could be recognised for their achievements. People receiving the service were encouraged to nominate staff member's they felt may have gone the extra mile, with a monthly award being given. This then linked to the franchise's annual staff award evening.

We looked at records related to the running of the service and found the provider had a process in place for monitoring and improving the quality of the care people received. This included seeking people's views and staff views about the service they received. A quality assurance frame work was in place. Where areas of improvement had been identified we found remedial action was quickly taken.