

Clientsinfocus Limited

Home Instead Aylesbury Vale and North East Oxfordshire

Inspection report

Unit 4
The Courtyard, Milton Road
Aylesbury
HP21 7LZ

Tel: 01296410029
Website: homeinstead.co.uk/aylesburyvale

Date of inspection visit:
26 July 2022

Date of publication:
15 August 2022

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

About the service

Home Instead Aylesbury Vale and North East Oxfordshire is a domiciliary care agency providing care to people in their own homes in the Aylesbury and surrounding area. At the time of our inspection 34 people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

Each staff member had received an induction and training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected. The service supported people to remain active in their local community.

Most people, their relatives and staff spoke highly of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the manager. There were systems to monitor, maintain and improve the quality of the service. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service under the previous premises was Good, published on 22 May 2018.

Why we inspected

This was a planned inspection for a newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information, we may inspect sooner.

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

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Home Instead Aylesbury Vale and North East Oxfordshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means the provider and registered manager were legally responsible for how the service is run and for the quality and safety of the care provided.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 July 2022. We visited the location's office on 26 July 2022.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with four people using the service, six people's relatives, the deputy client experience manager and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for five people, staff training records, four staff recruitment files, quality assurance audits, complaints records, and records relating to the management of the service.

After the inspection

Following our visit to the office we continued to gather evidence and we contacted ten care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Their comments included: "Yes, mum is safe with the staff, she is a very difficult person due to her poor mental health and the carers work hard to support her," "I feel safe with staff, I can do a lot myself but they are around if I need them" and "I have been having carers for about seven years now, I feel safe with them as they have good characters."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "If I was concerned that a client was being abused, I would report it to the office, and ask them if I needed to report it anywhere else, for example the police."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us, and records confirmed that all concerns were recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The registered manager had completed risk assessments for every person and contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment. For example, one person was at risk of developing pressure ulcers. Staff were guided to 'monitor this person's skin and apply 'prescribed creams as per the care plan.'
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed.

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. One member of staff told us, "I don't think we have enough staff to meet people's needs, as I am always being asked to cover shifts and I have heard a number of other carers complaining about being given to many hours." However, we saw planned staffing levels were consistently maintained. This included where two staff were required to support people. Other staff felt there were sufficient staff members to meet people's needs.
- Most people told us staff were punctual. One person said, "Their [staff] timekeeping is very good." A relative said, "Carers [staff] always turn up, sometimes they are early." People told us they had never experienced a missed visit

Using medicines safely

- People received their medicines as prescribed. Some people using the service managed their own medicines with the help of their relatives. One person told us, "I do my medicines myself but the carers [staff] prompt me."
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice.
- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- Where appropriate, accidents and incidents were referred to the local authorities and the CQC and advice was sought from health care professionals. For example, as people's conditions advanced the registered manager became aware some staff needed further training. This was put in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs. One relative said, "[Person] and I plus the manager sat down and did the care plan together, which was helpful."
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One relative told us, "The carers [staff] are very good and they understand her [person] and how to support her which must be from the training they have received."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks and regular supervision. One staff member told us, "I do feel supported, supervision gives me a chance to voice any concerns I have."
- Staff received ongoing training relevant to their roles, and specific to people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives told us how staff supported people to maintain a healthy diet. One relative said, "The carers [staff] have an extra half hour on a Wednesday to do any shopping required but most meals are delivered by [company] which the carers then prepare. Whenever I go over, she [person] always has a drink to hand."
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- Staff confirmed most people only needed support with meal preparation.
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.

- The registered manager told us they had worked on a regular basis with any external agencies and had made referrals as and when necessary.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and their relatives confirmed that staff obtained consent for people's care and support. One relative said, "Mum [person] can chose if she wants a shower or not and they [staff] go along with that."
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member explained how the MCA affected their work. They said, "The Mental Capacity Act reminds me that even if a decision may be unusual or not what I would do, it's the decision of the client [person] and that is what matters. Unless someone is proven to lack capacity, any decision that they make is what happens."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people and their relatives told us how the staff were caring and supportive. Their comments included; "Staff are amazing, they are very kind and respectful, which given how disrespectful she [person] can be is staggering," "They all go above and beyond but one carer [name] is amazing, she does my wife's nails, they have a sing along to the radio and my wife loves her coming in" and "The two regulars [staff] know me well which helps reduce my anxiety."
- Staff knew how people wanted to be supported and were aware of what was important to them. Care plans contained personal details that enabled staff to support people at a personal level. One staff member said, "I know how my clients like their care provided. One client likes to use certain towels when they shower."

Supporting people to express their views and be involved in making decisions about their care

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans. One relative told us, "The manager really took the time with mum to get to know her and work out which staff would be best suited to work with her."
- People and their relatives were asked for their views of the service regularly. For example, the registered manager regularly contacted people to obtain their views.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives. One person spoke about how staff promoted their independence. They said, "If I am trying to do personal care myself, they will let me but are always on hand if I call them to help wash, say my feet or back."
- People and their relatives told us staff promoted their privacy and dignity. One person told us, "I appreciate the support I get and feel comfortable with carers."
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care. Care plans were written in a respectful manner and reminded staff to promote people's privacy and dignity at all times.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- People's care plans were personalised and regularly reviewed. This allowed staff to provide personalised care. A relative told us, "The regulars have been supporting her [person] for years so they know her really well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, where people required support with glasses or hearing aids, whether people needed text in large print and if people preferred to use a foreign language.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. One staff member told us, "I think with communication it's about taking time so that a client can speak their mind. We have a couple of clients who have had strokes, so I give them plenty of time to find their words and encourage them and reassure them while they do it. We have another client who cannot speak so we use yes, no cards to communicate. It's about finding what works for the individual client, taking time, and really listening."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that mattered to them, such as family and friendship. This promoted people's well-being and helped to prevent social isolation. For example, we saw evidence the service worked in partnership with a local supermarket to ensure eight people were able to enjoy Christmas dinner. They were also able to deliver 28 Christmas hampers to socially isolated people.
- Some people were reluctant to leave their homes and go out. We saw evidence staff had encouraged and

supported people to take part in external activities. For example, one person now enjoyed gardening and we saw photographs of them working in a garden. Another person now enjoyed visiting old buildings and stately homes and staff supported them to do this. This meant people's wellbeing and quality of life was improved.

- One person told us how the service had a positive impact on their life. They said, "I have just started going back to a Friday evening club with a friend, we play scrabble."

Improving care quality in response to complaints or concerns

- Most people and their relatives knew how to raise any complaints or concerns about the service. Information on how to complain was provided in a 'service user guide'. One relative said, "I am happy to raise concerns but really haven't felt the need to as I am amazed at how well they do with mum." Another relative said, "I wouldn't hesitate to ring the manager but haven't needed to, I can't believe there hasn't been any blips yet."
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- Systems were in place to record and investigate any complaints. We saw complaints were dealt with in line with the providers complaints policy.
- The service had received and recorded numerous compliments and accolades. People had expressed their gratitude through cards, letters and emails, thanking staff for their support and care.

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Most people and their relatives told us the service was well-led. Their comments included; "I spoke to the manager several times especially at the start of the service but as time has gone on and it's going well, I haven't felt the need to" and "They are well organised and friendly, also they do what they say they will do." However, some people told us they experienced difficulties with communications. One person said, "Communication is very poor, not returning emails or phone calls." The registered manager told us they would look into this.
- Throughout the inspection the registered manager demonstrated they worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a very positive way and reflected on how they were managing the service and the improvements they wanted to make.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "On the whole I'd say the service is well run, I'm not sure how I'd improve it. The managers are lovely."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality visits to people's homes. Action was taken to address any identified issues. For example, we saw the audit action plan and actions to improve the training had been completed on schedule.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the

centre of what they did.

- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had an open-door policy and people and their relatives were encouraged to express their opinions either in person or via the telephone. Surveys were conducted and action taken in response to people's comments. For example, one person asked for a 'change of carer' [staff] and the staff member was changed.
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care. One member of staff said, "I do feel very supported. I feel listened too."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams and local authority commissioners.

This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.

- The registered manager was a member of the 'provider hub' which was linked to national home care organisations. The registered manager said, "These are useful links which can provide me with information and news."