

Radcliffe Care Services Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 13 January 2016. Home Instead Senior Care is a domiciliary care service which provides personal care and support to people in their own home. On the day of our inspection 54 people were receiving personal care from the service.

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

People told us they felt safe and staff understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were assessed and appropriately managed.

There was a sufficient number of suitable staff available to meet people's needs and people received the support required to safely manage their medicines.

Staff were provided with the knowledge and skills to care for people effectively. People received the support they required to have enough to eat and drink. Staff acted appropriately in contacting healthcare professionals and supported people to attend appointments.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Procedures were in place to act upon any concerns about people's capacity to make their own decisions. People were asked for their consent before receiving any care.

There were positive and caring relationships between people and staff and people told us staff were genuinely caring. People and their relatives were fully involved in the planning and reviewing of their care and staff supported people to make day to day decisions. People were treated with dignity and respect by staff who understood the importance of this.

People were provided with care that was responsive to their changing needs and staff punctuality was good. There was a system in place to monitor staff punctuality and ensure that people always received the care required. There was a clear complaints procedure in place which was provided to people and complaints had been appropriately responded to.

People were asked for their opinions about the quality of the service they received and action was taken in response to any issues raised. There were effective systems in place to monitor the quality of the service and these resulted in improvements to the service where required.

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 received the support required to keep them safe and manage any risks to their health and safety.

There were sufficient numbers of suitable staff.

People received the level of support they needed to manage their medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

People were asked for their consent before receiving care.

People were supported to eat and drink enough and to access relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

There were positive and caring relationships between people and staff.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received the care that they needed and staff were punctual.

People knew how to make a complaint and felt able to do so.
Appropriate responses were made to any complaints received.

Is the service well-led?

Good ●

The service was well led.

There was an open culture in the service and staff felt able to speak up.

There was an effective quality monitoring system to check that the care met people's needs.

People were asked to provide their feedback about the quality of the service.

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 was planned to check 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.

We visited the service on 13 January 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because the registered manager is sometimes out of the office supporting staff and visiting people using the service. We needed to be sure that they would be in. The inspection team consisted of 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.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

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. We also received survey responses from 12 people who were using the service, six relatives and 12 members of staff.

During our inspection we spoke with 15 people who were using the service, five members of care staff, the scheduling coordinator and the registered manager. We looked at the care plans of six people and any associated daily records such as the daily log and medicine administration records. We looked at five staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff were caring for them. One person said, "I feel very safe." Another person said, "They leave me feeling very safe and secure and always remind me to lock my door after they have left." All of the people who responded to our survey told us that they felt safe when care staff were with them. People also confirmed that staff took practical steps to maintain their safety in between care visits, one person said, "I have a key safe and they always make sure it's shut and numbers rolled." The relatives who responded to our survey also confirmed they felt their loved one was safe.

People were supported by staff who knew how to keep them safe and what action they would need to take to report any concerns. Staff clearly described the different types of abuse which can occur and knew how to report anything of concern, either to the registered manager or directly to the local authority. The registered manager and provider ensured staff were provided with the required skills and development to understand their role in protecting people. Procedures were in place to ensure that information would be shared with the local authority if required.

Steps had been taken to protect people and uphold their rights. People's safety was discussed with them at the start of their care package. The care plans we viewed contained information about how staff should support people to keep them safe. For example, some of the people using the service could on occasions become distressed. The care plans provided guidance to staff about how they could reassure the person and try to offer them support. The staff we spoke with had a good understanding of how they could overcome any difficulties and challenges in keeping people safe.

People told us that any risks to their health and safety were appropriately managed by staff without restricting their freedom. One person said, "I am at risk of falling and by coming in they make me feel safe without taking away my independence." Another person told us, "I walk with an aid as my balance is poor but they keep an eye on me and will say, 'Wait a minute let's move that first' so I can get round on my own."

Where there were risks to people's health and safety these were assessed and steps put in place to mitigate them. For example, there were assessments of risks associated with people's homes and the risk of people falling. The assessments determined the level of risk to people and described what staff should do to support people to stay safe, such as ensuring they had any equipment with them. Staff told us they were made aware of different risks to people's health and safety and knew how to manage these and the information in care plans verified what staff told us. Staff told us that they supported people in a way which did not take away their independence and only offered support when it was needed.

People were supported by staff who knew how to safely operate any equipment they had in their home. The people we spoke with confirmed that new staff were introduced to them before caring for them and shown any equipment they used during the introduction meeting. Staff received training in how to operate different equipment people used and told us they felt well informed about how to safely operate equipment.

The people we spoke with told us there were sufficient numbers of suitable staff to meet their needs and

staff were punctual. One person said, "Only late once in 9 months and apologised for that and wrote it in the book." Another person told us, "No missed calls at all in the 9 months I have had care." All of the people and relatives who responded to our survey confirmed that staff usually arrived on time.

A computerised system was used to devise a rota for the following month and this ensured that there were sufficient staff available to meet people's needs. Attempts were made to deploy staff in a convenient geographical area so that they did not have to travel long distances between care calls. The registered manager ensured there were always enough staff available to meet people's needs and to cover for staff absence. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support in the allocated time.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People told us they received the level of support they required to safely manage their medicines. One person said, "I take my own medication, I have got one of those round things with tablets in sections but carers remind me and check I've taken them before they go." Some people did not require support with their medicines and told us that staff understood and respected this. When each person started using the service, an assessment of their ability to manage their own medicines was carried out. The level of support they required was determined following this assessment.

Staff provided the level of support each person required to manage their own medicines and were able to clearly describe this to us. People's care plans contained information about what support, if any, they required with their medicines. Medicines administration records were completed by staff to confirm whether or not people had taken their medicines. Staff were able to correctly describe the procedure they would follow should they have any concerns relating to medicines. The registered manager ensured that staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent.

Is the service effective?

Our findings

The people we spoke with felt they received effective care and that staff were competent. One person said, "The one I have (staff member) shows initiative and has the necessary skills to do the job." Another person told us, "My regular is professional, competent and friendly. Always leaves everywhere clean and asks if there is anything else I need before she leaves." Another person commented, "I think they are well trained before they start on their own and the new ones always look in the book before they start to make sure know what to do." All of the people who responded to our survey, and the majority of relatives, confirmed that staff had the skills and knowledge required to care for them effectively.

People were cared for by staff who were provided with the training and skills required as well as regular support from their line manager. The staff we spoke with told us they received a wide range of training which enabled them to carry out their duties competently. Staff were also positive about the quality of training provided to them. One staff member said, "I think that the training is excellent, I have requested other courses as well which were provided." Training records confirmed that staff received training relevant to their role, such as safeguarding and moving and handling, and this was refreshed at regular intervals. New staff were provided with an induction which included training and shadowing more experienced staff. A member of staff told us the induction had prepared them well for their role.

Staff told us they felt supported by their line manager and the registered manager. Staff also received supervision and observations of their practice, which they told us they found helpful. The registered manager acknowledged that, due to staffing issues, staff had not all received the desired amount of supervision meetings in the past year. However this issue had been rectified and a regular programme of supervision and observation was now in place.

People and, if required, their relatives were fully involved in the creation of their care plan and were asked to provide consent. The care plans we viewed confirmed that this was the case and had been signed by the person or a relative. The staff we spoke with told us that they did not provide any care or support without the prior consent of the person receiving it. This was confirmed by the people we spoke with. One person said, "(Staff) always ask for consent before doing anything and always ask what I want doing first." Staff had a good understanding of how they would support a person who may require some help to make their own decisions.

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 whether the service was working within the principles of the MCA. Home Instead Senior Care was not responsible for carrying out any assessments of people's

capacity. However, there were appropriate procedures in place to refer any concerns to the appropriate healthcare professional. Staff then acted upon any instructions received and incorporated this into the care they provided to people.

People were provided with varying levels of support from staff to prepare their meals for them and to encourage them to eat well. One person commented, "They (staff) discretely watch to see how I am moving about and if I am eating properly and always notice without being told if I am having an off day and offer extra help." All of the people and relatives who responded to our survey confirmed that staff always completed all of the tasks they were supposed to during each visit, including meal preparation where required.

The registered manager told us that they asked people what support they required in relation to eating and drinking prior to their care package starting. Staff clearly described the levels of support that different people required. For example, some people just required meals to be heated up and presented to them. Other people required some encouragement to eat and drink well. Staff told us that, because the minimum length of a call was one hour, they had the time to sit with people during their meal if this was required.

Staff had access to information about people's food preferences and dietary requirements and told us they were informed of any changes. One person required their drinks to be thickened because they experienced some difficulty in swallowing. This information was noted in their care plan and staff were aware of it.

Where staff were responsible for assisting people to make healthcare appointments, this support was provided. One person said, "They provide an escort for me if I have to go to the dentist." People also commented that staff noticed if they were not feeling well and took appropriate action. One person commented, "They notice if you are not well and ask if there is anything they can do or if need to see the GP."

People were supported to maintain good health because staff were vigilant and acted upon any concerns they had about people's health. The registered manager told us that care calls could be extended or additional calls booked to support people to attend appointments. Staff told us they sometimes made appointments for people when required and transferred any information received into people's care records. Staff also clearly described how they would respond in an emergency situation and knew the appropriate service to contact.

Is the service caring?

Our findings

Every person we spoke with was complementary about the staff and told us they were caring and took the time to build positive relationships. One person said, "I feel they are genuinely caring." Another person told us, "I feel as though they are my friends as well as care workers." A third person told us, "(The staff are) very chatty and have great rapport." All of the people who responded to our survey felt that staff were kind and caring.

The registered manager told us that the minimum length of a care call was one hour. This helped to ensure that staff had the time to carry out any tasks that were required and also to be able to spend time talking with people. The staff we spoke with also felt that this was of great benefit as it meant they did not have to rush people and could spend time building good relationships. Staff could describe the different ways people preferred to be cared for and spoke warmly about people.

All of the staff we spoke with told us they enjoyed caring for people and did not look upon it as a job.

People benefitted from the efforts that were made to provide consistency in the staff that cared for them. Where possible, the same group of staff were assigned to care for people so that relationships could be developed over time. Staff told us they appreciated this consistency and found it helped them build relationships with people. Staff clearly described to us the preferences people had about the care they received and told us that the scheduling co-ordinator tried to place them with people they would get along well with. The care plans we looked at described people's needs in an individualised way. Care plans contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

People and, if appropriate, their relatives were involved in making decisions and planning their own care. One person said, "I was very involved – they came out to talk about it all and listened to what I wanted and we agreed on what would happen and when." Another person told us, "I was very involved with planning my care – I found them to be professional, flexible, competent and friendly and am very pleased with them and would not have any other." A third person commented, "My [relatives] arranged it. The owner came to see us all and we came up with a joint care plan based on my needs as assessed at the time." People had a copy of their care plan in their home and we saw these were reviewed with people on a regular basis.

Staff involved people in day to day decisions relating to their care and gave people choices. For example, we were told that people were offered choices such as whether they wanted to carry out their own personal care and what clothes they wanted to wear. One person confirmed this by saying, "They encourage me to do what I can for myself, I call them in and they pass me a towel to cover myself and they do the rest." Records confirmed that people and their relatives were involved in deciding what care they wanted and at what time. Care plans were reviewed with people if they wished to be involved in this process. Before any staff started providing care to people, they were first introduced to try and ensure there was compatibility. Staff told us the information in people's care plans was accurate and helped them to understand the way people wished to be cared for.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, "Yes they respect my privacy and dignity but that does not mean that we don't have a laugh about it." Another person said, "They respect my privacy – I need the re-assurance that there is someone there when I shower so I do what I can myself and they wait outside until I shout, then they hold up and pass me the towel and help me finish off. Staff also respect my property as they always leave everything spotless."

People were cared for and supported by staff who had a clear understanding of the importance of respecting their privacy and maintaining dignity. Staff showed that they understood how to provide personal care in a way which protected people's dignity, such as by ensuring people were appropriately covered when being given personal care. People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. For example, we were told that people were encouraged to carry out as much of their own personal care as they were able.

Is the service responsive?

Our findings

The people we spoke with told us they received the care and support they needed and that the service was responsive to their needs. One person said, "Very happy and never had to wait or been disappointed - can't fault them." Another person told us, "I feel we have got a system working. I understand them and they understand me and no need for words. They never rush me or clock watch and willing to do extra for me if possible." The people and relatives who responded to our survey confirmed that staff provided the care people needed.

Before people started using the service the amount and length of calls they needed was agreed. Efforts were made to schedule each call at the time the person had requested whilst also giving staff a realistic timetable. There was a system in place to ensure that staff attendance and punctuality was monitored and action could be taken if a member of staff was running late. We saw that a system of automated alerts informed office staff if a member of staff had not logged their arrival at a person's house. This was then followed up by staff at the office who contacted the person using the service and the member of staff. Records confirmed that staff punctuality was generally good and that there had been no missed calls.

The staff we spoke with told us they were provided with enough information about people's care needs before visiting them for the first time. Staff could clearly describe people's needs and how they had changed over time. We were also told that staff would be informed if there had been a change to the care and support a person received. Staff told us that, although they were aware of the information in care plans, they always checked with the person what care they required beforehand.

People had care plans which contained information about their care needs and the agreed hours of support required each week. These were reviewed on a regular basis and changes and additions were made when required. Staff told us they would provide feedback to their manager should they feel a person's needs had changed and felt their comments were acted upon in a timely manner.

The people we spoke with told us they felt able to raise concerns and make a complaint. One person said, "I have never had any cause to complain. If you tell office you are not happy about anything they sort it quickly." Another person told us that they had contacted the office to ask if they could change the staff that cared for them. We were told that their request was responded to appropriately and the changes were made straight away. People were provided with information about how to make a complaint as well as the contact details of the office staff. There was an 'out of hours' cover system to ensure that any urgent matters could be responded to even when the office was closed.

We reviewed the responses to any complaints that had been received in the 12 months prior to our inspection. There had been an investigation into the complaint and a response was provided to the person. Where appropriate, service wide improvements were put into place following any concerns and complaints received. For example, a new invoicing system was to be introduced in response to some concerns about the accuracy of invoices. The registered manager told us they would take any complaints seriously and use them as an opportunity to improve the service.

Is the service well-led?

Our findings

Most of the people we spoke with told us they felt comfortable approaching a member of staff or the registered manager and received an appropriate response. One person said, "The office staff are most approachable. When I have had any concerns I just spoke to them and it has been sorted." Another person told us, "The office (staff) are always very helpful and it was great at Christmas as they had a party for us and we were able to meet them face to face." The majority of people who responded to our survey said they knew who to contact with any queries they had. Three of the people we spoke with told us that they had not always received a satisfactory response when raising issues with the registered manager or office staff.

The registered manager acknowledged that there had been some staffing difficulties in the office which may have impacted on people's views about the organisation of the service. However, these issues had been rectified and there was a more consistent presence of staff in the office. The staff we spoke with told us there was an open and honest culture in the service. Staff felt able to raise issues and make suggestions and told us they felt like valued members of the team. There were occasional staff meetings and records showed that staff were encouraged to contribute to these. The registered manager and provider also used the meetings to communicate the expected standards of care to staff.

The staff we spoke with told us they had regular communication with their field supervisor and could contact the registered manager or provider if required. Staff told us they also felt comfortable in saying they had made a mistake and that the registered manager would support them to learn from this and improve. The majority of staff who responded to our survey told us they would feel confident reporting concerns to their manager.

The service had a registered manager and they understood their responsibilities. The majority of the people we spoke with felt that the service was well-led and organised. Three people told us that they had experienced some difficulties regarding communication and incorrect invoices and did not always receive the response they wanted to any issues they had raised. The registered manager acknowledged that there had been some issues with invoicing and resources had been put into place to install a new invoicing system.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Field supervisors provided supervision and support to care staff and could respond to any situations that may arise. Staff told us that they found this to be beneficial although they could still contact the registered manager or provider if they needed to. Sufficient resources were provided to maintain the quality of the service. For example, the manager ensured that staff always had access to sufficient personal protective equipment. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke could not all recall having been asked for their opinion of the quality of the service. One person said, "No reviews or spot checks –and as far as can remember not rung either." However, other people said that they had received a telephone call asking for their views about the service they received.

During our inspection we saw that regular phone calls were made to people to check if they were happy with the service and if any changes needed to be made. The majority of responses were very positive about the quality of the service. Any comments people made were noted and acted upon. For example, one person felt they were at increased risk of falling when walking. Appropriate action was taken in response to the person's comments.

People and relatives benefitted from effective systems which were in place to obtain their feedback about the quality of the service. Satisfaction surveys had been sent out to people and staff and we saw that many had been returned. These showed that there was generally a high level of satisfaction with the service. Issues had been raised regarding the scheduling of calls and invoicing and these had been responded to and acted upon. Any calls people and staff made into the office were logged and any action that had been taken was recorded.

The quality of the service people received was regularly assessed and monitored. For example, the daily care records that staff completed were audited when they were returned to the office. This identified where improvements were required either to the practice of individual staff or across the service as a whole. For example, it had been identified that staff were not always signing records and also using an incorrect ink colour. The registered manager had ensured that the improvements were carried out and embedded across the service. Accurate and up to date records were maintained in respect of people who used the service and staff.