Care Quality Commission

# Jardine Care 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** |

## Overall summary

We carried out an inspection of Home Instead Senior Care Limited on 3 November 2015. This was an announced inspection where we gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to speak with us.

Home Instead Ltd provides a range of services to people in their own home including personal care, companionship and shopping in Twickenham and the surrounding areas. At the time of inspection there were 17 people receiving personal care.

A registered manager was in place. 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.

# Summary of findings

People who used the service told us they felt safe. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

There were sufficient staff employed to provide consistent and safe care to people, with people receiving care from the same small team of staff.

People received their medicines in a safe way and staff had received training in the types of medicines people received. Staff recorded medicines taken by people in an appropriate medicines record sheet.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. They also received other training to meet people's care needs.

Staff helped ensure people who used the service had food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been prepared by staff.

Staff knew people's care and support needs. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. There were regular visits and spot checks carried out by the service to monitor the quality of service and the care practice carried out by staff.

People told us that staff were kind, caring and efficient.

People who received care remained independent and in control of their decision making and choices. People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

A complaints procedure was available and people we spoke with said they knew how to complain, although no one said they had needed to. The service maintained records of compliments and complaints and recorded how these were resolved.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Good

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

The agency employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Medicines were safely administered by staff and accurately recorded. Staff had been trained in administering medicines and audits were carried out regularly.

**Is the service effective?**
The service was effective.

Good

Staff had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. People received assessments and were consulted before care was provided. The provider was aware of their responsibilities under the Mental Capacity Act 2005 (MCA)

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

**Is the service caring?**
The service was caring.

Good

Care plans were written in a personalised way based on the needs of the person concerned. People were cared for by kind, respectful staff.

People were offered support in a way that upheld their dignity and promoted their independence.

People were involved in making decisions about their care.

**Is the service responsive?**
The service was responsive.

Good

The complaints procedure was accessible to people and the service maintained records of compliments, feedback and complaints.

Where necessary, the provider worked well with other agencies to make sure people received their care in a coordinated way.

Staff were aware of people's important contacts and GPs, and supported people to make contact with them where required.

# Summary of findings

The service was flexible in response to people's needs and preferences.

**Is the service well-led?**
The service was well-led.

Good

There were several quality assurance systems in place that enabled the registered manager to monitor the quality of the service, identify and address short falls and improve the service.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Staff were supported by a comprehensive range of policies and procedures This ensured that staff supported people in a consistent way

Care Quality Commission

# 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.

This inspection took place on 3 November 2015 and was announced. 48 hours' notice of the inspection was given because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of one inspector and one 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. The expert by experience had older people as their area of expertise.

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 reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with eight people who used the service and four relatives. We spoke with six care staff, the manager and the deputy manager to gather their views about the service provided.

We reviewed a range of documents and records including; three care records for people who used the service, four records of staff employed by the agency, complaints records, accidents and incident records. We also looked at policies and procedures kept by the service.

Good

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe when receiving care. One person described how the manager had first visited them in hospital to assess their needs, and how three care staff visited to discuss the care required and to ask how the person wanted help to be organised. The person described that this made her feel safe and reassured.

A relative told us that the agency visited to provide meals for her mother. She explained that her mother still goes out to the shops on her own, and commented, "Once a carer arrived to do lunch, but mum was out, so she waited for her for 20 minutes to make sure she was ok. On other occasions they have let me know that she is out when they arrive." The relative confirmed that care staff would never just leave without either seeing the person or ringing to let her know, which gave her peace of mind that her mother was in safe hands.

One person told us that when her regular care staff was suddenly taken unwell one of the office staff immediately came out to her instead. She told us, "She was very good, knew exactly what to do, and it meant I wasn't left waiting for long."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. Staff records confirmed that training had been provided to staff with regard to safeguarding and the service had appropriate policies and procedures in place.

One care staff said: "I'm there for them first and foremost. I've raised an issue before, and reported concerns and it was dealt with in the right way." Another care staff told us: "If I was concerned about anything, I would log the facts in the activity log, ask permission from the person concerned, and then speak to the office, and I feel I would be listened to."

We saw that the service had alerted the local authority on the six occasions since September 2014 they had had a safeguarding or other concern and that they had followed the agreed safeguarding procedures as well as notifying the Care Quality Commission (CQC). At the time of the inspection there were no safeguarding concerns.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, assessments included information about risks of falling and details of nutritional needs of people. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan both included clear instructions for staff to follow to reduce the chance of harm occurring whilst at the same time supporting people to maintain their independence.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. Incidents and accidents were logged at the office and action was taken by the manager as required to help protect people. Details of how incidents were acted upon and resolved were also recorded. Resolutions were in the form of reviewing the situation with staff, amending routines, where appropriate and carrying out spot checks in people's homes to ensure that the care plan was being delivered safely and in accordance with the person's wishes.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Comments from people were positive. Everyone we spoke with had found it easy to contact the office at any time which increased their feeling of safety.

We discussed how the service recruits staff and looked at staff records. The manager and other office based staff were able to describe the recruitment process in a clear and consistent manner. Staff records demonstrated that a robust recruitment process was in place and that the recruitment process was designed to ensure that successful staff had a good balance of skill, knowledge, experience and personal qualities that suited them to the profession of caring.

We saw relevant references and results from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions that make them unsuitable to work with vulnerable people. These had been obtained before people were offered employment. Application forms included full employment histories.

New staff underwent a thorough induction process which included training related to the Care Certificate, an

Good

# Is the service safe?

induction programme which covered 15 standards that health and social care workers needed to complete during their induction period. Newly appointed staff spent a period of shadowing another more experienced member of staff and was assessed as competent before working on their own with people.

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and had also received training in understanding what the medicines were that were being administered. However, the majority of people managed their own medicines and suitable checks and support were in place to ensure the safety of people who managed their own medicines. All medicines administration records (MAR) were audited and any errors recorded. There were no medicines errors in the last 12 months and 3 occasions whereby someone had not recorded medicines, which was dealt with promptly by the service and further training was given.

Good

# Is the service effective?

## Our findings

People told us they were happy and confident with the skills and competency of the care staff. One person told us: "It's all been very positive, it's a lot to do with the agency's approach to training. They have a certain standard that they expect from their staff."

Staff were also positive about their training and support. One care staff told us that, despite many years of working in care, and high levels of qualifications, they still had to go through the same rigorous training programme as new carers. They also said that relevant training was always added if a new person had specific health care needs.

Another member of staff, who had not previously worked in care, said: "My induction process was very good. It corrected some of my misconceptions about what to do in certain situations. With each of my clients there was no cold calling. I either shadowed with someone, or was taken by the deputy manager to meet someone new."

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as dementia care, moving and handling, medicine administration and other mandatory training in line with Skill for Care's Care Certificate. At the time of inspection there were four staff undertaking level 2 of The Qualifications and Credit Framework (QCF) with a further two undertaking level 3.

Staff confirmed that they received supervision and support from managers and records confirmed this. We saw that in addition to informal day-to-day supervision and contact there were formal supervision sessions with staff every three months and an annual appraisal.

People confirmed that staff always asked them for consent and views before carrying out tasks. One relative commented, "The manager came round and chatted to my mother at length beforehand. I think they are good at matching personalities and outlooks on life. My mum now views her carers as very good friends."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager confirmed that at the time of inspection there was one person who required someone to act for them under the Court of Protection. The manager was aware of the requirement to inform the CQC about this and had done so.

Staff were aware of and had received training in the MCA as part of induction and the manager had undergone more in-depth training. Staff were able to give a clear description of what was meant by "lacking capacity" and having to do things for people in their "best interests".

We checked how the staff met people's nutritional needs and found people were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them. Nobody had any concerns about the meals prepared by their care staff, and told us they were always given a choice wherever possible. One person said, "Of course some are better cooks than others, but I have no problems with any of them. They will ask me what I would like first."

People who used the service were supported by staff to have their healthcare needs met. Care staff had details of people's GPs and any other health professional such as pharmacist or chiropodist. People's care records showed that staff liaised with GPs where requested, although this was usually managed by people themselves or their relatives.

Good

# Is the service caring?

## Our findings

People were supported by staff who were warm, kind, caring, considerate and respectful. People told us that their care staff were kind, considerate and showed a level of compassion and understanding which they really appreciated. One person said, “They are all wonderful - I could make friends with them all.” Another person said: “I’d give them full marks, I can’t praise them highly enough. There is nothing I can think of that they could improve on.”

One relative spoke about how they were grateful that their relative’s care staff treated him with the utmost respect and kindness.

Staff also displayed a thoughtful, caring approach when speaking about people and the way in which they deliver care. One care staff told us:”I try to establish a relationship of trust with my clients. We are there to provide care, but also comfort and support.”

All people we spoke with told us they had received information about the care they were to receive and how the service operated. They also confirmed that the same group of care staff cared for them, providing a good sense of continuity of care as well as the reassurance that people were being cared for by people who knew them well.

People also spoke highly of the way care staff took time to understand people’s needs and preferences as individuals which emphasised a person-centred approach to the care that was provided. One person told us, “My carers are very kind and respectful; they ask what I want done. I like to do things my way and the carers respect that.”

Interviews with staff and staff roster records we looked at demonstrated that the care was co-ordinated in such a way that ensured the same care staff would be scheduled to work with people, in order that relationships could develop and staff could understand people’s needs and wishes better. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people’s needs and preferences which showed they knew people well.

People were involved and consulted about the type of care they wished to receive and how they wished to receive it. Everyone we spoke with confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Decisions about people’s care were made after an assessment of what was needed and agreement was reached as to how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

Everyone we spoke with said that their care staff were reliable and punctual, and that care was equally good at weekends, or when their regular care staff were off.

Care records confirmed that people had been assessed and involved in decision making and had consented to their care.

People’s privacy and dignity was respected. Staff asked people’s permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

Good

# Is the service responsive?

## Our findings

Everyone we spoke with was confident that they received personalised care that was responsive to their needs. Interviews with staff demonstrated that there was a commitment to providing an individualised care service to people. People's care records and service policies and procedures focussed on ensuring that care packages were decided on only after an assessment had been carried out and people consulted about their views on how it should be delivered.

One relative told us how the agency had organised a befriending service for their mother as they knew that her care needs would increase, and they wanted to make this as gradual as possible. They said, "Home Instead have said they will adapt the support they give her when she begins to need personal care, and it won't be a problem."

Another relative told a similar story saying, "At the moment they just prepare her meals each day, but soon we will need to put personal care in place. Home Instead say that will be ok."

Staff were also able to demonstrate how the service strived to be as responsive as possible, particularly when there was a concern about someone. One care staff told us how, on one occasion when someone had fallen whilst walking with the care staff in the park, the person had pulled themselves back up and did not want any further action taken. The care staff confirmed that in training it had always been stressed that people's rights should always be respected, and acted upon. The care staff was able to describe how, although the person's rights had been respected, the incident was nevertheless reported to the manager and details recorded in the person's care record to ensure staff were aware of the risk of falling.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans were in place that reflected the current care and support needs of people. Care plans provided detail for staff to give care and support to people in the way they preferred.

People told us they felt the service listened to them and learned from their experiences, concerns and complaints. They confirmed that spot checks took place during which they were asked whether the service was continuing to meet their needs and if they had any issues with the service.

People confirmed that they received regular contact from the agency, had their care plans reviewed and were consulted about changes. People told us they knew who to complain to if they had any issues.

We looked at records of compliments received, complaints and incidents and saw that these were appropriately logged and responded to. The service had received no complaints. Letters of thanks, compliments and any incidents or issues that people had were appropriately recorded. One person told us: "I've never had cause to even ring the office, as it all works so well. I would thoroughly recommend them."

Good

# Is the service well-led?

## Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Staff policies and procedures, induction and training all emphasised the involvement of the individual in decisions about their care and had systems in place to monitor how well that was working.

Everyone we spoke with confirmed they had been provided with useful information about the agency in the form of leaflets and a folder with their care plan and other guidance about the service. Everyone was able to give examples of the agency contacting them, either by phone or in person to check that they were happy with their care and to check that staff were carrying out the care plans as agreed.

One person told us: “Everybody here cares. There’s a family feel to it. I can pop into the office anytime I like, so I have a good rapport with the office staff. They’re always supportive if I ring in.”

Another person said: “They’ve looked after me so well, I’ve recommended Home Instead to two different people”. Other people we spoke with told us there was nothing they could think of that could be improved in their care.

The service demonstrated good management and leadership. There was a manager who was registered with the Care Quality Commission (CQC) who in turn was supported by a team of staff who co-ordinated care and managed the business of the service. They were able to describe a shared vision of how they saw the service as one which provided care to a standard that would be suitable for their own relatives.

We saw that systems were in place to support staff, allow communication with people who used the service and to enable the staff team to discuss the quality of the service.

The manager and team met regularly and care staff received regular supervision and annual appraisal. In addition the manager maintained good links with social services, provider forums and organisations related to the field of domiciliary care, dementia and professional development, such as Skills for Care and local provider forums.

The manager and team provided a strong visible presence for staff and people through good communication and regular personal visits. The care co-ordinator carried out spot checks in people’s homes which included areas such as care staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people’s dignity was maintained, competence in the tasks undertaken and competence with any equipment used, such as hoists. This was supported by the effective links the service had established with other agencies such as occupational therapists, palliative care nurses and GP services.

The leadership of the manager fostered a culture of excellence within the care team to the extent that two care staff had been nominated for an award in Dignity of Care by the London Borough of Richmond-upon-Thames. In addition another member of the care staff team was a regional finalist in the Organisation’s nationally-held “CareGiver of the year” award (care staff have the job title of “CareGiver” in this agency).

Staff told us they would recommend Home Instead to anyone who needed care, or to a care worker looking for employment. One staff member said: “I’ve never felt isolated working here. Management and other staff are very supportive.”

The service delivered high quality care through having systems and processes which were designed to monitor the quality of the care provided and to ensure that people’s experiences and views were used to help improve the service.

Everyone received a Quality Assurance visit/phone call every 3 months to ensure they were satisfied with the service they are receiving. In addition, there were 6 monthly service reviews. An external organisation was used to conduct an anonymous annual survey called PEAQ

(Pursuing Excellence by Advancing Quality) with both people who used the service and staff. The results were shared with staff and people and were incorporated into the service’s business plan.

In addition to annual surveys, the service carried out regular reviews, at least annually, with people regarding their care and took note of any compliments and comments to gauge what people considered the most important aspects of the service for them.

We saw that records were kept securely and confidentially and these included electronic and paper records.