

Dera Care Limited

Home Instead Medway

Inspection report

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25 April 2023

26 April 2023

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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

About the service

Home Instead Medway is a domiciliary care agency providing personal care and support for people in their own homes. The agency provides care and support for people in Chatham area of Medway. The service is registered to provide support to younger adults and older adults, people living with dementia, mental health needs, sensory impairments, physical disability and people with a learning disability. At the time of our inspection, 11 people were receiving regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

People told us they were happy and satisfied with the service provided. A person said, "I am very happy with the care I receive."

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture:

People were supported to maintain good health, were supported with their medicines and had accessed healthcare services when needed. Where assessed, staff prepared food and drink to meet people's dietary needs and requirements.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Medway

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 1 inspector.

Service and service type

Home Instead Medway is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 19 April 2023 and ended on 26 April 2023. We carried out telephone calls to people on 25 April 2023 and 26 April 2023. We visited the location's office on 19 April 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We also looked at information we held about the agency, such as notifications. Notifications are changes, events, or incidents which the provider is required to tell us about by law. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service, 3 care workers, 1 field supervisor/support coordinator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records, risk assessments, daily records, medicine, and health records. We also looked at 3 staff files including their recruitment, supervision, and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meetings minutes and surveys people completed to share their views as well as feedback from 2 healthcare professionals.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff had a good understanding of risks to people. They told us that they read the care plan which contained risk assessments every time.
- People's care plans contained risk assessments linked to their care needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. For example, one person who had urine incontinence and was at risk of skin breakdown and infection, had a comprehensive incontinence risk assessment with guidance for staff to follow in place. This enabled staff in ensuring the person's needs were met in a safe way.
- Adequate processes were in place to identify and reduce any environmental risks to people. Staff were protected from risks from the environment. Potential risk and hazards such as uneven surfaces, inadequate lighting or trailing wires within the person's home had been adequately identified and appropriate risk assessments were in place.
- There was an on-call system to ensure advice and support was available to people and staff out of hours. A member of staff said, "I go to on call for advice when needed."
- There had been detailed records of incidents such as near misses in people's homes. The registered manager had kept records of these, and lessons were learnt from them. For example, staff noticed a person had redness on their sacrum. District nurses were called and requested to visit and assess the person. Registered manager implemented additional measures to support the person, which enabled staff to meet their needs safely.
- Policies and systems were in place to ensure that incidents were recorded and actioned including late or missed calls. The registered manager told us that these were analysed monthly.

Staffing and recruitment

- Staff were recruited safely, and checks were completed to make sure new staff were suitable to work with people. These included two references and Disclosure and Barring Service (DBS) criminal record checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People's needs, and hours of support were individually assessed. Staffing rotas showed that there were enough staff employed to meet people's needs. A person said, "They do arrive on time to support me."
- People and staff had access to an out of hours on call system manned by the field supervisor and the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People told us they felt safe with the care staff. A person said, "Oh yes, I feel safe with the staff." Another person said, "I am very happy with the staff. I feel more comfortable and safer with them."
- The provider had safeguarding processes in place to safeguard people from risk of abuse. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses. They told us these would be reported internally and externally, where appropriate. A member of staff said, "Safeguarding is to protect our clients from abuse. If I suspect an abuse, I will speak to my supervisor and manager. I can speak to my director too. If nothing is done, I can contact CQC, social services or the police."
- Staff told us they would feel confident in whistleblowing (telling someone) if they had any concerns. Staff were confident in the provider and felt any issue raised would be addressed decisively at its first instance.
- The registered manager and nominated individual demonstrated their knowledge on how to report abuse to the local authority and CQC if required. The registered manager had experience of this in the past.

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- People who required support to manage their medicines received them safely. A person said, "Yes, care staff give me my medicines on time and there has been no concerns."
- Staff had received medicines training. The registered manager had systems in place to conduct yearly medicine administration competency checks on staff.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited monthly by the registered manager.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff. Medicines administration was an agenda topic at staff meetings.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment (PPE) such as gloves and aprons were provided and used by staff to protect themselves and the person from the risk of infection. People we spoke with confirmed this.
- Staff were trained in how to minimise the risk of infection for people. Staff practices were checked by the office compliance assistant to ensure infection control procedures were adhered with.

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 before they began to use the service. The registered manager undertook an initial assessment with people, when referrals had been received from placement authorities before they started providing care and support.
- Care plans detailed people's individual needs and how staff should support them. This was alongside recognised guidance such as guidance on Alzheimer's.
- Records showed that the initial assessments had considered person's health and social history, religion, and their care needs. This ensured that the service was able to meet people's diverse needs fully.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience to support people. New staff received an induction when they started working at the service. Inductions covered introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. For example, administering medicines. New staff worked alongside experienced staff for a few weeks before attending call visits on their own. A member of staff said, "I completed induction and 2 shifts of shadowing an experienced staff member."
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate' for new staff. A member of staff said, "I completed the care certificate and I have gained NVQ level 2 in Health & Social Care." The 'Care Certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. NVQ (National Vocational Qualification) in Health and Social Care are based on national occupational standards. These standards are statements of performance that describe what competent people in a particular occupation are expected to be able to do.
- Although the service did not have any people with a learning disability receiving support, staff had completed learning disability training. The registered manager had plans in place for staff to complete the recommended Oliver McGowan training.
- Staff felt supported by the registered manager. Evidence showed that staff had supervision meetings every 3 months. Supervision enabled staff to discuss their work and identify further training needs. The registered manager told us that staff regularly approach for advice outside the supervision meetings. A member of staff confirmed this and said, "Yes, my manager, she understands and is supportive." The registered manager also completed observations of practice regularly. As a newly registered service, staff had not yet had an annual appraisal.

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

- Staff supported people to eat and drink in an effective manner to maintain a balanced diet. Where people were supported to eat and drink this had been clearly recorded in people's care plans. For example, one person needed support with meal preparation. This was clearly documented for staff to follow and alerted staff that the person was unable to use the microwave.
- Care plans contained detailed information about people's likes, dislikes, and dietary needs. Staff received training regarding fluids and nutrition, so they had the knowledge to support people to eat healthily.
- People who received support with meals told us they were happy with this aspect of their care. They said staff prepared meals based on their choices and preferences.
- A healthcare professional told us, "Staff knew what the person was taking, and what they were eating and drinking. They were pro-active in promoting their independence and well-being, supporting the person with feed via her feeding tube, to eating and drinking on her own well enough that we requested the tube be removed."

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

- People were supported to remain as well as possible. Staff monitored people's health and referred them to relevant health professionals when their health needs changed. A person said, "I can contact them if I am worried, including making phone calls to the hospital or GP. Staff organise hospital transport for me too."
- Staff were not directly involved in people's healthcare needs. However, care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- Staff told us that they would report any concerns they had about the person's health to the relatives who would in turn take required action.
- People's care records included guidance for staff to follow, for example, on Alzheimer's and incontinence. This included recommended guidance, which further enabled staff in understanding and meeting people's needs.

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 MCA 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's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- Staff had been trained on MCA. The registered manager and staff understood people had the right to make their own decisions about their care.
- Everyone currently supported by Home Instead Medway had the capacity to consent to their care. Where required, relatives and healthcare professionals were contacted for support.

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

- People were treated with care and respect by staff. A person said, "Yes, they do respect my home and myself." Another person said, "The care staff are excellent, very good. They even recently celebrated my (Years) birthday. They are a kind group of people."
- A member of staff told us they treated people with respect. They said, "I always ask the clients about their preferences, and I respect them."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. This enabled care staff to deliver care that met people's needs.
- The registered manager and provider were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were both held securely on a computer. The office computers were password protected.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People had been asked about their lifestyle choices and these were respected. For example, some people preferred to spend their time reading at home or watching TV. Staff respected people's decision. A person said, "Staff do know what I need, they cook my lunch and do my personal care in the morning."
- A member of staff said, "We make sure they are involved in their care, such as doing the task together." Another member of staff said, "We involve them by asking them about their goals and supporting them to achieve this."
- A healthcare professional told us, "I have had several communications with staff from Home Instead. They were knowledgeable about my patient and provided good care."
- Care records showed that people and, where appropriate, their relatives were consulted when care plans were written.
- People's privacy, dignity and independence were being promoted. A person said, "Yes, they do protect my privacy and dignity. They care for me."
- A member of staff said, "I always ask the clients about their preferences, ensure their dignity. For example, if I am assisting a client to wash, I will ask them how they want it done, cover them to ensure their privacy and dignity, ask them what they would like to wear."
- Care plans included what people could do for themselves and when they needed support. For example, the care plan gave staff direction and guidance on how to support people. We saw in daily notes that staff adhered to guidance in the care plan.

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

- Care plans were personalised and placed people's views and needs at the centre. People's care plans were detailed and informed staff what the person's abilities were and support they required from staff.
- People were introduced to staff at the start of the service to ensure they felt comfortable. This meant they could explain what is important to them to staff.
- Staff told us they knew people's care needs via the care plan. One member of staff said, "Care plans are on App. Both relatives and service users have access to it." App is an abbreviated form of the word "application." An application is a software program that's designed to perform a specific function. The provider uses an electronic care App that is easily accessible to everyone.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, and any concerns to note. These records ensured good communication between staff, benefitting the care of the person.
- Care plans were reviewed with people regularly but may be more frequent based on people's needs. This meant staff would have up to date information in the delivery of care.

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.

- The registered manager told us that they would make documents available to people they supported if required in different formats such as large print. The newly introduced electronic care system allows for care plans in a user-friendly format.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. A person said, "I have no complaint at all. If I need to, I will contact the office." Another said, "I would complain to the manager."
- The provider had a comprehensive complaints policy that included information about how to make a

complaint, contacts outside of the service such as the social services, local government and social care ombudsman, and the Care Quality Commission (CQC). and what people could expect to happen if they raised a concern.

- The service had not received any complaints since the service started.
- A healthcare professional told us, "I do not have any concerns with Home Instead from my experience with them."

End of life care and support

- The service was not supporting anyone at the end of their life at the time we inspected.
- The registered manager told us that end of life information was part of referral information and assessment they carried out. This was included in people care plan. No one had a DNACPR in place. DNACPR stands for do not attempt cardiopulmonary resuscitation. This meant the service knew what people's wishes were in the event of them becoming ill suddenly.

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; 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

- Managers promoted a positive culture by working directly with people and leading by example. Staff told us there was a positive focus on supporting people well and meeting people's needs. A member of staff said, "The manager is very helpful and supportive. The manager works very hard, and they are involved delivering person centred care to clients and visit them a lot. I can approach the manager at any time."
- People who used the service told us communication from staff and the office team was good. A person said, "I know the manager. Service is very satisfactory, and I can talk to her at any time." Another person said, "I know the manager. I will recommend the care agency to my relatives and anyone. I will even tell my neighbours about them."
- A member of staff said, "The manager is very approachable. I have no concerns with the manager. They make sure we know what is required. I can talk to them at any time. We do have catch ups about work regularly. Always directed me in the right direction."
- The registered manager understood the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager told us they would inform people, their families and where appropriate, external agencies of when things go wrong.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The registered manager had a system in place for monitoring the quality of the service. A range of quality audits, such as care plans, medicine, spot checks and the event tracker was in place, which enabled the nominated individual and registered manager to review events. These were detailed and completed regularly. When shortfalls were identified, an action plan was put in place. This was reviewed and signed off when completed by the registered manager.
- Home Instead Medway was a small agency managed by the registered manager and supported by the nominated individual. The agency's policy statement stated that 'Home Instead is committed to providing the highest-quality care to people in the comfort of their own homes and recognises that the operation of good governance underpins the delivery of quality services.' We found there was good governance systems in place to support this statement.

- The nominated individual and registered manager understood the importance of person-centred care plans and accurate records. Staff were reminded of the importance of record keeping at regular staff meetings.
- A healthcare professional told us, "The manager was organised and communicated well with me regarding the patient's needs."
- The registered manager understood the responsibilities of their registration. Registered managers are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement. There had not been any notifiable events since the agency started and registered with CQC.

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

- People, their family and staff were asked for their views of the service. These were used to develop the service. One person said on their feedback form, 'I cannot begin to tell you how much I have appreciated your invaluable help for the last couple of weeks. Not only have you been so professional in dealing with me, but you have also managed to put mine and my father's mind at rest.'
- Most staff gave feedback and this was highly positive in most areas. Part of the feedback was to improve staff wellbeing, which had been implemented. This had improved staff morale in the service.
- A healthcare professional said, "Thank you for getting in contact. I feel proud of the team."
- Relatives gave feedback that they were satisfied with the service. A relative said, "Thank you for getting in contact. I feel proud of the team." Another said, "Thank you so much for organising and overseeing such good care for (Person)."
- Feedback was sought from people and their relatives during care provision and afterwards with a phone call. They had 'client next day curtesy call' completed. This is being used to check on service users how their visit went and if they were satisfied with it.

Continuous learning and improving care; Working in partnership with others

- Lessons learnt were shared across the organisation. The registered manager told us they kept up to date with best practice and developments. For example, they were registering with Skills for Care to gain additional support.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- Quality assurance processes were in place to capture the views and experience of people using the service. The service placed emphasis on the perspective of people to help understand any quality issues and challenges.
- The provider recognised effective monitoring was essential to deliver good quality care. They were committed to increasing the use of electronic systems to support all functions of the service. There was a weekly operational meeting action tracker which documented actions taken from lessons learnt. For example, there was a review of the migrated information and update of client's information on the new electronic system. This ensured that details of people's support needs were moved onto the new electronic system effectively.
- The agency had established effective working relationships with other agencies and professionals involved in people's care. For example, the service had worked with Community Engagement and Partnership Working that aims 'To change the face of ageing and tackle isolation on older adults.' They had attended 'Digital awareness' workshops for people over 65 years. This was done in collaboration with other agencies. They had also partnered with the Non-Visible Disability Initiative (NVDi) in Medway. NVDi aims to tackle the impact of non-visible disabilities by teaching local businesses how they can adapt and make

small changes to help customers who may have a non-visible disability.