

Warner Clarke Services Ltd

# Home Instead Senior Care Littlehampton Arundel and Goring-by-Sea

## Inspection report

8, Churchill Court  
112 The Street, Rustington  
Littlehampton  
West Sussex  
BN16 3DA

Tel: 01903331366  
Website: [www.homeinstead.co.uk/littlehampton](http://www.homeinstead.co.uk/littlehampton)

Date of inspection visit:  
31 October 2019

Date of publication:  
03 December 2019

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Home Instead Littlehampton is a domiciliary care agency. The service provides personal care support to people living in their own homes in the Littlehampton, Arundel, and Goring-by-Sea areas. At the time of inspection, the service was providing personal care support to one person.

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.

### People's experience of using this service

A new manager had commenced at the service during the week of our inspection. Prior to this the service had been without a registered manager since May 2019. During this time the provider had not ensured effective governance of the service at all times. Effective audits were not taking place and the providers processes for assessing and monitoring the quality of services provided were not being followed. We have made a recommendation to the provider about this. We did not identify any negative impact for people from this lack of governance.

People were happy with the care they received and felt safe with the staff that were supporting them. The service was safe. Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. People received their medicines safely from staff who were trained to administer these. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively. Care records included assessment of risk and staff knew how to reduce the risk of potential harm. People received support from a consistent team who knew them well. There were sufficient numbers of staff to ensure people did not feel rushed and people received their support on time

Positive and caring relationships had been developed between staff and people who used the service. People were treated with kindness and compassion and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs.

People's privacy and dignity was respected, and their diverse needs were supported. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with CQC on 15 November 2018 and this is the first inspection since registration.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Home Instead Senior Care Littlehampton Arundel and Goring-by-Sea

## **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 Care Act 2014.

### Inspection team

The inspection was undertaken by one inspector.

### Service and service type

Home Instead is a domiciliary care agency. It provides care and support to people living in their own homes. People using the service received support with personal care including washing, dressing and food preparation. The Care Quality Commission does not regulate premises used for domiciliary care; this inspection looked at people's care and support.

### 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.

### What we did before the inspection

Inspection activity started on 30 October and ended on 13 November. We visited the office location on 31

October.

Before our inspection we looked at all the information we held about the service. This included any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three members of staff including 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 one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek feedback about the service from people's relatives.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff had completed safeguarding training and knew what action to take if they suspected abuse had occurred.
- Systems and processes were in place to protect people from the risk of harm. Staff were aware of safeguarding procedures and how to report a concern. Staff told us "I have never felt the need to raise a safeguarding concern, the policy for reporting in in the office, I know how to raise a concern and I wouldn't hesitate to do so if I felt someone was unsafe".
- People told us that they felt safe. Comments included "The staff feel like one of the family."

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

- Risks associated with the persons care and wellbeing were identified and managed appropriately. There was a positive approach to risk taking which supported the persons independence. For example, staff told us how they worked with a person to build their confidence with moving around their home independently.
- Risk assessments provided sufficient details, so staff could support people safely. Risk assessments included what equipment and support people needed to keep them safe.
- Staff assessed people's health and well-being needs and identified any associated risks. Action was taken promptly when risks were identified to ensure risks of a further occurrence were mitigated.
- The provider had a process to learn from practice that could be improved. Outcomes were shared with staff so appropriate action could be taken to ensure people's safety and mitigate further risks. A recent outcome from a lessons learnt exercise led to updating the key symbols used to record medicine administration.

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs consistently and keep people safe. A person told us they usually received their calls on time and staff would always call if they were running late.
- People received 1-1 support from a core team of staff who knew them well.

Using medicines safely

- People received their medicines safely. Staff had received training in administration of medicines and only those staff who were assessed as competent were able to administer medicine.
- Systems and processes were in place to identify omissions and errors and appropriate action taken. A

review of medicine administration records (MAR) showed that there were no gaps in recording. Where people had refused medicine, the reason and action taken were clearly recorded. MAR's contained information about people's allergies and these were clearly identified across all care records.

- Processes were in place to audit people's medication records. Information was analysed to ensure appropriate action was taken to safeguard people and to mitigate potential risks. They also identified areas where practice could be improved. For example, staff had been instructed not to remove medicine from blister packs in advance of the prescribed administration time.

#### Preventing and controlling infection

- Staff understood how to prevent and control risks of infection. They had received training in infection control. The provider ensured that staff had access to appropriate personal protective equipment which were used to help prevent the spread of infection.



# 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 as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff received an induction in line with the care certificate. The care certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. Staff told us that they had received a good induction, which included information about the company's values and expectations of their role. One staff said, "The induction training was good, and I felt very supported by the manager who came with me on my first visit to personally introduced me to the person I would be supporting".
- Staff had opportunities to learn skills to enable them to support people's assessed needs. Staff told us that they had good access to training and that they were able to request training to meet people's specific needs such as dementia.

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

- People were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.
- People were involved in their care planning and their individual choices and needs were assessed and known by regular staff who knew them well. Care plans provided staff with appropriate detailed information to enable them to support people in line with their preferences.

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

- People received appropriate support to ensure their nutritional requirements were met. People's support plans identified the levels of support needed to ensure a person maintained a balanced diet. This included support with menu planning, shopping and preparing food.
- Where support with nutrition was an assessed need, people's daily care notes recorded the nutritional support provided. Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared snacks for people such as sandwiches and microwave meals.
- Staff were knowledgeable about people's nutritional needs and preferences. For example, where people preferred to eat their meals and their food choices. People were supported to retain as much independence as possible with meal planning and preparation and ensuring their food was in date and correctly stored.

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

- People were supported to access the health care services they needed. Staff liaised effectively with other

organisations and teams and people received support from specialist health care professionals.

- Support plans showed that people had access to routine and specialist health care appointments and professionals, including GP and hospital consultants.
- People had access to timely medical support. Daily records showed that staff requested professional medical support when they were concerned about a person's health or if a person had been feeling unwell. For example, records showed staff had been persistent with medical professionals in ensuring a person received the treatment they required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes, they can still be deprived of their liberty, but an application needs to be made to the Court of Protections (CoP).

- We checked whether the service was working within the principles of the MCA and the were.
- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had capacity to make decisions and to ensure people were supported in the least restrictive way.
- People told us that staff were always respectful and ask before they provide any support or assistance

# 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 as 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 kindness by caring and dedicated staff. Staff showed a compassionate approach towards people and worked well together as a team. A person told us they had nothing but praise for staff and described them as really kind.
- People were supported by staff who understood their needs and were committed to delivering kind and compassionate care. People said staff were caring and kind to them. People told us that they did not feel rushed and that staff had time to talk with them. Comment's included "I look forward to them coming every morning when I wake up" and "they are lovely, very nice and very friendly".
- People's differences were acknowledged and respected. Staff told us it was important to respect people's choices and feelings, one staff said "I love having the time to chat to people, that's when you really find out about them as a person and all their individuals ways and preferences, having the time to get to know someone makes supporting them a pleasure".

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

- People and relatives were involved in, and contributed to, the development of their plan of care. Staff encouraged people to make decision about the level of support they wanted. One staff said, "We offer and encourage choice at every opportunity, I always ask questions that give people a choice such as what to wear or eat or how they want to be supported with their personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff told us they fully understood that they were working with in people's own homes and were mindful to respect people's wishes and preferences. People said staff were respectful of their dignity whilst supporting their care needs.
- Staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible, whenever possible. Staff told us that people wanted to stay living in their own homes and they make sure they encourage them to be as independent as possible within the support they provide.
- People said staff respected their views and were kind and caring towards them.

# Is the service responsive?

## Our findings

### 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 as good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Care records contained key information about the person including their preferences and interests. Information was detailed, up to date and provided clear guidance for staff.
- People were involved in the planning and review of their care. Support plans were detailed, and person-centred enabling staff to support people in a personalised way. Daily notes were personalised and contained information about the visit such as "when I arrived [name] was watching Wimbledon and we had a chat about the players" and "I ensured the bird feeder was full before I left as I know [name] enjoys watching the birds in the garden". This demonstrated a personalised approach to both the person and the care that was being provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others. Staff recorded any communication needs people had such as speech, hearing or sight impairments.
- Staff were aware of the individual needs of people to support their communication. For example, if a person was hard of hearing the importance of always facing the person when speaking meant that communication could be enhanced by the person lip reading.
- The nominated individual was aware of the AIS standard and their requirements with this. At inspection no one needed written information in an alternative language or format. The nominated individual understood the requirement to make this available if the need arises in the future.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. The complaints policy was included within the providers statement of purpose and given to people when they began using the service. There was a process for responding to complaints and concerns. This ensured concerns were responded to in an open, honest and timely way.
- Staff and the management team treated people with compassion and encouraged people to speak about any matters that maybe of concern to them. We received feedback from a person who said that they had

never had the need to complaint but were un sure of the process should the need ever arise. We advised the nominated individual who gave us their assurance that they would take immediate action to address this.

#### End of life care and support

- At the time of the inspection no one required end of life care. The provider shared with us an example of how they had supported a person with end of life care. The example demonstrated compassionate care that enabled a person to pass away peacefully and with dignity ensuring their wishes were met. Staff support enabled the family of the person to spend quality time with their relative in their final days.
- The nominated individual told us that if the need arose they would source end of life training for staff.
- Staff understood which health and social care professionals to contact and who would need to be involved to support people who were living with a life limiting illness

# 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 as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was not following their own processes for monitoring the quality of services provided. Quality audits to ensure good governance and management oversight had not been robustly undertaken since the registered manager left in May 2019. For example, process to monitor staff competencies were not being followed. Staff supervision was not being undertaken in line with the providers policy, and team meetings were not taking place. This meant that the provider had not ensured a process for assessing staff's learning, areas for development or if further additional training or support was required. Following the inspection the provider took immediate action to address these shortfalls.
- A new manager had been appointed and commenced at the service three days prior to our inspection. The provider informed us that they intended to register this person with CQC as the registered manager for the service. We observed that the manager had identified the shortfall in governance systems and had begun to act to address this. Following the inspection the provider informed us an application had been made to CQC to register the new manager.

We recommend the provider refers to their own guidance on quality monitoring to ensure processes to monitor the quality of services are in line with their own policy requirements.

- Statutory notifications about accidents incidents and safeguarding concerns were being reported appropriately to CQC and the local authority.
- The service had clear lines of organisation and staff were clear about their roles and responsibilities. The provider was known to people, their relatives and staff. We observed a telephone conversation between a person and the provider which demonstrated both knew each other well.

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

- People received holistic person-centred care. Feedback received by the provider included "Everything works well, I love the company, for me you do a great job" and "The carers arrive on time, and I love seeing them".
- People told us that they were involved in the planning of their care which meant they felt valued. We were told that communication was good.
- The provider promoted transparency and honesty. When things had gone wrong the provider had notified

appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.

- Staff spoke highly of the provider. One staff said "I have no concerns, they are a really nice company to work for and I am well supported" We observed a pleasant and friendly atmosphere among the staff and management team. The provider had an open-door policy. Staff confirmed they always felt able to speak to any of the management team, "I can always get hold of the manager even at weekends and they always reply to my messages" Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had received training about equity and diversity and understood their responsibilities to uphold people's human rights. The provider gave us examples of how people had been supported with their equality and diversity needs.
- Satisfaction surveys were in the process of being sent out to stakeholders and there was a process for analysing, sharing and acting upon feedback.
- The service worked in partnership with other agencies. These included healthcare services as well as local community resources. Records showed that staff had contacted a range of health care professionals, including GP when a person was feeling unwell, and community pharmacists to follow up on prescription changes. This enabled people's needs to be understood so they received the appropriate support to meet their continued needs.