Commitment to Care Ltd

Home Instead Senior Care - Peterborough, Oundle & The Deepings

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

Home Instead Senior Care - Peterborough, Oundle and The Deepings is registered to provide personal care and

Summary of findings

this is for people who live at home. The people receiving the care live with a physical disability or mental health conditions. At the time of our inspection there were 32 people using the agency.

This comprehensive inspection took place on 8 December 2015 and was announced.

A registered manager was in post at the time of the inspection. They had been registered since 8 May 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the agency. 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 agency is run.

People were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were supported to take their medicines as prescribed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. None of the people lacked capacity to make decisions about their care. However, the provider was aware of what they were required to do should any person lack mental capacity. This included following their policy and procedure in making sure that people were not unlawfully deprived of their liberty.

People were looked after by staff who were trained and supported to do their job.

People were treated by kind and respectful staff who they liked. They and their relatives were given opportunities to be involved in the review of people's individual care plans.

People were supported to take part in their hobbies and interests, which included art, eating out, shopping and going for a walk. Care was provided based on people's individual needs. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The registered manager was supported by a team of office based and care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

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.

There were procedures in place to protect people from the risk of harm.

People were safely supported with their medicines.

People were looked after by sufficient numbers of suitable staff.

Good

Is the service effective?
The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

Staff were trained and supported to provide people with safe and appropriate care.

People's nutritional, hydration and health needs were met.

Good

Is the service caring?
The service was caring.

People were treated by staff who were kind and patient.

People were looked after by staff who had similar interests.

People were involved in reviewing their care plans.

Good

Is the service responsive?
The service was responsive.

People's relatives were kept involved in their family member's care.

People were supported to take part in hobbies and interests that were important to them.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

Good

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

Staff were managed to provide people with safe and appropriate care.

People and staff were enabled to make suggestions and comments about the agency and actions were taken in response to these.

There were systems in place to continually monitor and improve the standard and quality of care that people received.

Good

Home Instead Senior Care - Peterborough, Oundle & The Deepings

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 was carried out on 8 December 2015. The provider was given 24 hours' notice because the agency provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, we looked at all of the information that we had about service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Also 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.

During the inspection we visited the agency's office where we spoke with the registered manager and the nominated individual [provider's representative]. We also spoke with six people who use the agency, four relatives and five members of care staff.

We looked at four people's care records and records in relation to the management of the agency and staff.

Good

Is the service safe?

Our findings

People told us that they felt safe and gave a number of reasons why this was. One person said, "Well, they [care staff] are just nice, friendly people." Another person, who was at risk of falling, told us that they felt safe. This was because members of care staff walked beside or behind them when they needed to use the stairs. A relative said, "[Family member] is safe because the staff chat to [family member] and don't rush but take their time with [family member]. We have confidence in the staff and we can leave [family member] so we can go and do our own bits." Another relative said, "I know [family member] is safe because I know someone is with [family member] [to keep them safe]."

In their PIR the provider told us that all of the care staff had attended training in protecting people at risk of harm and we found that this was the case. Staff were trained and were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. In addition, staff were aware of the signs and symptoms that people may show should they experience any harm. One member of care staff said, "If you notice a change in a person's behaviour or they may have unexplained bruising." Another member of care staff said, "When you see someone [person using the agency] on a regular basis, you can pick up on something that is not right. Such as bruising or they are not eating properly."

In their provider information return [PIR] the provider told us that staff were only allowed to work once the required checks were in place. These included a satisfactory Disclosure and Barring Service [DBS] check and written references. Members of care staff confirmed this was the case. One member of care staff said, "I applied on line and had to have my DBS check; six references; driving license and car MOT. I attended an interview as well." Other members of care staff also told us that they had these required checks and these were obtained before they were allowed to start their employment.

Members of staff, people and their relatives told us that there was always enough staff to meet people's needs. One person said, "Staff certainly arrive on time. They stay as long as they should." Other people told us the same and their daily care records demonstrated that staff arrived on time and stayed the allocated time. A member of care staff said, "There's never been a problem with staffing." The Nominated Individual [NI] told us how staffing numbers were determined. They said, "We work on the basis of 80% ratio. If we were providing care to 100 people we would need 80 care staff. It's purely 'self-contained' without the use of external agency staff. People receive better care outcomes from staff we have vetted, recruited and trained ourselves."

Risk assessments were in place and people said that they were satisfied with how their risks were managed. One person said that they needed help to move. They told us that they felt safe because members of care staff knew how to safely support them with the use of a hoist. Another person said, "I always walk with someone [staff member] so I don't tumble over." We were also told by another person, who was also at risk of falls, that, "The staff always make sure I have my walking frame and they always make sure it is there with me." They told us that care staff members ensured that they had their lifeline pendant on their person. A relative said, "The staff always makes sure that [name of family member] always has the lifeline on." This was so that this piece of equipment could be used by the person to call for emergency assistance. People's care records demonstrated that members of care staff had checked that the person was wearing their lifeline pendant.

Members of care staff told us how they managed people's risks. One member of care staff said, "Risk assessments are done on every person and recorded in their care plans. There are also general risk assessments about the conditions of people's houses, electrical equipment and trip hazards." The member of care staff demonstrated their knowledge in relation to managing risks associated with changes in people's physical and mental health conditions. One person gave an example of when there was an increased risk to their safety due to a change in their health needs. They told us that they were provided with an increase in the level of care and monitoring of their condition.

People were satisfied with how they were supported to take their prescribed medicines. One person said, "The staff do my medicines for me. I get them when I need them. Every morning." Another person said, "I have very dry skin and the staff put my [prescribed] cream on my back." Records for medicines showed that people had their medicines as prescribed. The provider told us in their PIR

Good

Is the service safe?

that that all of the care staff had attended training and were assessed to be competent in the safe handling of people's medicines. Members of care staff and their training records confirmed this was the case.

Good

Is the service effective?

Our findings

People and relatives told us that they considered and were confident that members of care staff were trained and competent to do their job. Members of care staff said that they had attended training and refresher training in a range of subjects, which included fire safety, moving and handling and the application of the Mental Capacity Act 2005 [MCA]. One member of staff told us that, in addition to the mandatory training, they had also attended training in caring for people living with dementia.

Members of care staff also attended induction training and this was in line with a nationally recognised training organisation. One member of care staff said, "The induction training was a two-day course with moving and handling, safeguarding and there were scenarios. I was introduced to the client [person who used the agency] by [name of office-based member of staff] and they stayed with me for the entire first visit."

The 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). Although the agency is neither of these services, the MCA Code of Practice still applies to domiciliary care agencies. At the time of our inspection, there was no person who lacked capacity. However, the registered manager was aware of what actions they would need to take and these would be in line with the provider's MCA policy. The MCA policy had clear guidance for staff to follow; this included assessing people's mental capacity and notifying responsible authorities should a person need to be lawfully deprived of their liberty.

Members of care staff told us that that they were aware of respecting people's decisions about their support and care. One member of staff said, "You must give people choices regarding meals and what they would like to eat." Another member of care staff said, "If a person doesn't want to take their medicines, I would leave them for a while. I would go back and encourage them to take it. But you can't force them." We found, however, that some of the staff, although they had attended training in the application of the MCA, were unable to fully demonstrate their knowledge in relation to the legal framework. The registered manager and NI told us that arrangements were being made for other staff members to attend training in dementia care. This would include re-visiting the application of the MCA.

Members of care staff said that they felt supported to do their job during which they had attended one-to-one discussions with an office-based member of staff. One member of care staff said, "I am asked how things are going and if I have any concerns and if I want to do any training." Members of staff were supervised when at work. They told us that office-based staff had carried out unannounced spot checks to review members of staffs' standard of work.

People were supported to maintain their nutritional health. One person said, "The staff get my breakfast and lunch ready and they leave me something for tea. They ask me what I want to eat and make sure I can reach food and drink for myself between visits." Another person said, "The staff always make sure I have enough to eat and drink. They will make me a cup of tea or get me a glass of water." One relative told us that the staff always encouraged their family member to eat and drink. One member of staff told us that, for one of the people they looked after, the food was blended to a soft consistency to suit the person's individual dietary and eating needs.

People were supported to maintain their physical and mental health. One person said, "The care is there to monitor you on a daily basis. If I'm not well, the staff make sure I'm okay. It's nice to be with an agency that makes you feel that there is life after an illness. If I didn't have the care, I would 'dip down'. It is really enabling care. Positive and enabling." A relative said, "[Name of family member] is able to stay in her own home. Without the care [family member] wouldn't eat; wouldn't drink, and wouldn't be able to go out for a walk."

When needed, people were supported to access health care services. This included making appointments with hospitals and GPs. A relative told us that, on the day of our visit, a member of care staff had arrived at their family member's home. They had called for an emergency

Good

Is the service effective?

ambulance due a change in their family member's condition. Records of accidents and incidents showed that members of staff had taken action in response to people requiring urgent treatment by GPs and ambulance services.

Good

Is the service caring?

Our findings

We received very positive comments from people and relatives in respect of care staff. One person described staff members as "brilliant." Another person said, "I've got to know the carers and they are superb." One relative said, "The staff are very helpful and we get on like a house on fire." The agency staff had received a number of written compliments. One of these read, "Such care was taken in getting to know [family members], their support needs, what's important to them and what they want to talk about."

People's care also supported people's relatives in caring for their family member. A relative said, "We have the care because [name of family member] is not able to help with their personal care. That help is very good to us. If not we would really struggle." The agency staff had received a number of written compliments. One of these read, "[The agency] was like we gained extra big family back up."

One of the main aims of the care was to provide relationships between people and the care staff. People were introduced to a new member of staff before they were looked after by the individual staff member. One relative said, "A new member of staff was introduced to us last week." One member of care staff said, "I was introduced to the client [person who used the service] on my first visit." In addition to introductions, people received care from regular staff. One person said, "I have regular staff. Staff know me very well and I know them." A member of care staff said, "Having the same people to look after makes them feel more at ease and you develop a relationship with the person."

The provider told us in their PIR that people's call visits were no less than one hour for each session. They said that this was so that staff did not have to rush when they provided people with their care. People and members of care staff confirmed this was the case. One relative said, "The staff chat to [family member] and do not rush [family member]." One member of staff told us that they preferred working at least an hour to look after people. They said, "All the visits are an hour or more. It gives you time to have a chat with people as you are not rushed." People's care records showed that people were not rushed when they supported with their care needs. One of these read, "Had a lovely catch up and chat with [person's name] while she woke up."

People were actively involved in developing their care plan. One person said, "[I was] very much so involved in my care plan." Other people and relatives were aware of their planned care. This included the times of their call visits; the names of the care staff who would be attending and the type of care to be provided. Where possible, people had signed their care records to confirm that they had been involved in developing and had agreed to the planned care.

Members of care staff demonstrated their understanding of valuing and looking after people. One member of care staff said, "My job is to make people's lives better. To relieve stress from families [relatives] and give people the care that they want. It's to enable them to stay at home." Another member of care staff said, "The care is to ensure that people's safety and well-being are maintained. It is to help people to continue to live at home."

People told us that staff respected, supported and encouraged to maintain their independence. This was with personal care, meals, management of prescribed medicines and making health appointments.

Good

Is the service responsive?

Our findings

People and relatives told us that they were satisfied with how their or their family member's health care needs were met. One person said that their health needs were closely monitored and staff responded to their changed needs. This included increased level of support in the management of their medicines and moving and handling needs. One relative told us that care staff had a full understanding of their family member's visual impairment needs. They said, "The staff always makes sure [family member] has got things in reach and [family member] has their stick." One member of care staff said, "The more you know about people, the more effective you are in meeting their needs."

There was a system in place to monitor call visits. This was to ensure that staff had arrived on time and records demonstrated that there were very few late calls. This meant that people's care needs were responded to as planned.

People's life histories were recorded and this demonstrated that people were viewed as individuals. In addition, people's care records were person centred and showed that people's individual needs were assessed. Furthermore, the care records and risk assessments were kept up-to-date and reviewed. One person said, "They [office based staff] come and review the care plan with me. I recently went through it with someone. It was updated as I have had a change in my respiratory needs and there was a change in my medicines."

People were supported with their hobbies and interests. One relative told us that members of care staff took their relative out to eat and drink, go to the shops and take a walk outside. Another person told us that staff had encouraged them to return to their art work. Records demonstrated that staff encouraged people to remain as active as possible, which included reading a daily newspaper. Furthermore, the agency provided people with companionship with the forging of relationships between staff members and people they looked after. This reduced the risk of social isolation.

People and relatives told us that they knew who to speak with if they wanted to raise a complaint. One relative said, " I would complain directly to the agency if I needed to." One person said, "If I needed to complain I would speak with [names of office-based staff]." Members of care staff were aware of the provider's complaints procedure. One member of care staff said, "I would try and find out what the person wanted to complain about. I would see if there was anything I could do to sort it out." They told us that they would record the concern in the person's daily records and would inform the office-based staff. In their PIR the provider told us that there was a complaints procedure in place although no complaints had been received in the last 12 months. Records confirmed this was the case.

Good

Is the service well-led?

Our findings

We received positive comments from members of care staff in respect of the registered manager. One member of staff said, "[Name of registered manager] is very supportive and approachable." Another member of care staff said, "[Name of registered manager] is lovely and friendly. I believe her integrity is well-founded. She and the management team are always striving to make a better service for people living in the community. And to ensure that they can safely live at home."

The registered manager was a Dementia Champion and provided 'Dementia Friends' sessions locally and to main carers. She also was actively involved in attending local meetings held by other care providers to share and gain knowledge from each other. Furthermore, there were links with registered charities and fire services, who were invited to attend staff meetings.

There was an open culture which operated in the management of the agency. Members of care staff were aware of the whistle blowing policy and procedures. One member of staff said, "Whistle blowing is if you have any concerns about a fellow carer and reporting it. Another member of staff expanded on this and said, "Whistle blowing is reporting other members of staff in your work place who are acting unprofessionally or carrying out any forms of abuse." Members of staff told us they would have no reservations in carrying out the whistle blowing procedure.

The provider told us in their PIR that people had telephone interviews during which their views about the quality of their care were obtained. Records confirmed this was the case. In addition people's views were obtained and recorded when unannounced spot checks were carried out.

There were other methods to gain people's views about their care. During 2015 the provider had carried out surveys. The results of the completed surveys demonstrated people were very satisfied with the care that they received. People also said that they would recommend the agency to other people.

Members of care staff were enabled to share their views with the provider during staff meetings and on a day-to-day basis. One member of staff gave an example when they suggested an increase in the level of support for one of the people they looked after. They told us that their suggestion was acted on. Another member of staff had asked for additional training in dementia care and confirmed that the management team had responded to this request. Following results of the staff survey of 2015, the NI and registered manager advised us that arrangements were in place for staff to attend additional dementia care training; this was due to take place during 2016.

In their PIR the provider told us that they had identified areas where they aimed to improve. These included, for example, recruiting staff to provide better cover for annual leave and for senior members of staff to attend management and communication courses.

During 2015 the agency was in the top ten care agencies as recommended by a dementia care organisation. The agency was also nominated and short listed for a National Award for customer service, where they came fourth.