

Retford Senior Care Services Limited

# Home Instead Senior Care Retford and Gainsborough

## Inspection report

Retford Enterprise Centre  
Randall Way  
Retford  
Nottinghamshire  
DN22 7GR

Tel: 01777712629

Website: [www.homeinstead.co.uk/retford](http://www.homeinstead.co.uk/retford)

Date of inspection visit:  
05 July 2016

Date of publication:  
12 August 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 5 July 2016. Home Instead Senior Care Retford and Gainsborough provides support and personal care to people in their own homes in north Nottinghamshire. On the day of the inspection there were 10 people using the service who received personal care.

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

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by a regular individual or group of staff who they knew. People's medicines were not always managed according to best practice guidance.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with respect by staff who demonstrated compassion and understanding. People were involved in determining their care and support and were treated in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People who used the service and care workers were able to express their views about the service which were used to improve the service. The management team provided leadership that gained the respect of care workers and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People's medicines may not be managed safely.

People felt safe using the service because staff understood their individual responsibilities to prevent, identify and report abuse.

Risks to people's health and safety were assessed and staff were informed about how to provide them with safe care and support that maintained their independence.

People received their visits as planned because there were sufficient staff employed

### Is the service effective?

**Good** ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who respected them as individuals.

People were provided with opportunities to be involved in making decisions about their care and support which they could change if they wanted.

People's personal preferences, lifestyle and choices were respected by staff visiting them in their homes in a way that suited them.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

### Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

People views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

# Home Instead Senior Care Retford and Gainsborough

## **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 5 July 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We sought feedback from some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with three people who used the service and three relatives. We also spoke with four care workers, a team leader and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

People may not receive the support they require with taking their medicines. We saw changes made to people's medicines had not been recorded in their care plans. This meant people could either have been given a medicine that had been stopped, or not have been given a medicine they required. We also saw that creams and ointments were recorded as being given in some people's daily notes, but there was no guidance in the care plan about administering these. This meant it was not known if these had been given as required. We were told that one person had requested a change to how they were supported with their medicines, but this had not been checked with the registered manager to determine if this was a safe practice.

We found care workers had differing understandings of what and how records should be made when they had supported people with their medicines. This meant that records made did not show accurately the support people had been given, including when they had been given some medicines.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines as prescribed. Some people did not need any assistance to manage their medicines, which they continued to do independently. Other people needed some assistance such as putting their medicines within their reach and they, along with some relatives, told us this support was provided.

Care workers told us they had received training on the safe handling and administration of medicines. They also said that they had been assessed to be competent in supporting people with their medicines and there were completed medicines competency assessments on the staff files we saw.

People told us they felt safe using the service and that they were treated well by the staff who visited them. One person who used the service told us, "They never bring a stranger, I have always met them beforehand." Another person told us, "I know they are all checked by the police that makes me feel very comfortable."

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. One staff member said they ensured people were safe by, "Carrying out a risk assessment as soon as I walk in." The provider informed us on their PIR that staff were provided with training to ensure they were able to recognise, report and record concerns. Staff said they received training on safeguarding and followed these procedures when working. The registered manager told us care workers also had opportunities to discuss safeguarding and any safeguarding issues in supervision.

Staff told us they would raise any concerns about people's safety with the registered manager or owner. One care worker told us how they had passed on a concern to the registered manager they had observed when visiting a person. They told us this had been looked into and they had been given further details about this, so they knew the outcome of their concern. Other care workers told us although they had not come across any concerns they needed to report since working at this service, several said they had experience of doing so in previous employment. Care workers told us they knew when and how to raise any concerns. The

registered manager was clear when and how they would inform the local authority of any concerns about people's safety.

People received their care and support in a way that had been assessed for them to receive this safely. They also told us staff who visited them knew how to use any equipment correctly. A person who used the service told us, "I have a lot of equipment, they checked to see if I was short of anything." Another person said, "I use a stand aid, they know how to use it. I feel very confident when they help me." People also confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely.

People's freedom was encouraged with the least restriction needed to maintain their safety. The provider informed us on their PIR, "As part of the process of developing each client's care plan we carry out detailed risk assessments, specifically covering physical health, their environment and mobility/moving and handling." Care workers told us before they visited anyone new using the service one of the office staff would have completed any risk assessments needed. These identified any areas of risk involved with providing the person with the care and support they wanted. They told us this included assessing the environment as well as any individual risks the person may face. A care worker told us, "We see if there are any dangers in people's homes or to them." Care workers said they identified any risks people faced and tried to reduce these. One care worker said, "If we can reduce risks we increase their independence." The registered manager told us the service was based on enabling people to be being as independent as they could be. They told us, "People say what they can do and we support them with what they cannot do."

Care workers spoke of checking and ensuring any equipment they used was in good order. One care worker said, "It is important we check it, we don't know what has happened when we are not there. It may have been wiggled and twiggled with." Care worker also spoke of using equipment safely, in the way they had been trained to do so.

There were sufficient staff employed to provide people with consistent care and support which met their needs, and was provided at the time it was planned for. A relative told us, "They come every morning, they are always dead on time. A person said, "I have a team of three, I have the same ones except in an emergency." Another relative said, "They have not sent me anyone else (other than my regular care workers) so I would say they have enough staff."

Staff told us there were sufficient care workers employed for them to carry out their calls as planned, and spend the time required with people who used the service. Staff also said they always visited people who they had met previously. A care worker told us they were always introduced to people who used the service before providing them with any care. Another care worker told us they were going with the registered manager the next day to be introduced to a new person they would be visiting as part of their care team.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. The provider informed us on their PIR that new staff completed a series of recruitment checks. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the needed recruitment checks had been carried out.

## Is the service effective?

### Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person who used the service told us they could tell care workers had all been trained because, "They all use the same methods, that's an indicator that they have been." Another person said, "They definitely know what they are doing."

New care workers underwent an initial induction period and then undertook 'shadow' shifts where they observed an experienced member of staff support a person they would be supporting. Care workers told us they had opportunities to discuss their work individually with the registered manager in supervision. The registered manager said a recently appointed team leader would share providing supervision in the near future.

Care workers were provided with the training they required to carry out their duties. The provider informed us on their PIR that all care workers underwent an, "Extensive training programme designed to deliver all the care certificate standards." The registered manager showed us the training matrix which showed the training staff had completed, including that some staff had completed the care certificate. The registered manager told us other staff were currently working towards this qualification and the remaining staff would be enrolled on this is due course. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

Care workers praised the training they received, one saying, "The training is brilliant." Some care workers described how helpful a recent course on dementia had been and how this had helped their understanding on how to respond and relate to people who were living with dementia. Staff told us they could request any additional training they wanted and the registered manager told us the owner was arranging some training for senior staff in supervision skills, and for diabetes awareness for all staff. Staff told us they were asked in their annual appraisal if there was any additional training they needed.

People had their rights to give their consent and make decisions for themselves promoted and respected. People told us they were asked for their consent prior to being provided with any acts of care. One person said care workers, "Mention it first and ask me if I want to."

Care workers told us they respected people's right to make their own decisions. They knew people had given written consent to their care and told us they always asked for people's verbal agreement on each occasion they provided them with any care and support. A care worker told us, "It is not about us being regimented, it is whatever suits them." Another care worker said one person was not able to give consent but they would indicate if they did not want any care to take place, which they respected.

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.

We checked whether the service was working within the principles of the MCA. A relative told us their relation, "Can't make any decisions for themselves, so they refer to us." The registered manager explained how they had involved one person's relative where the person did not have the mental capacity to make certain decisions for themselves. They told us they had not completed the required documentation to show the person was unable to make the decision for themselves, and how the decision had been made in person's best interest. The registered manager said they would ensure the required documentation was completed in future.

People who required support to ensure they had enough to eat and drink to maintain their health and wellbeing were provided with this. One person told us care workers, "Cook my meal in the evening, they know how to cook. I don't want someone that burns my toast, I can do that myself."

The registered manager said they only provided people with meal preparation support at this time. Care workers told us they encouraged people to eat and drink well, but said there was not anyone who used the service who required additional support due to concerns about their nutritional or fluid intake. Care workers described how they provided people with encouragement to eat their meals and have regular drinks. One care worker said they tried to present meals nicely as this encouraged people to eat well and another care worker said, "I always ask the person if they have had enough to eat." One care worker described making a person a snack when they were hungry later in the evening after they had eaten their meal.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person told us, "I have been very poorly, they were really sensitive." The person also told us, "I feel they understand me and make sure I'm feeling okay." A relative told us care workers who visited their relation, "Understand how to respond to someone with dementia."

The provider informed us on their PIR that all care workers, "Learn how to recognise, report and record any changes to their clients' health, well-being and behavioural patterns." Care workers told us they were provided with information about people's healthcare conditions as part of their introduction to them, and said here was details included in their care plans. A care worker told us part of the matching process included the care worker's knowledge and understanding of people's health needs.

Care workers told us they liaised with healthcare professionals when required to pass on information or to seek advice. One care worker told us how they had contacted a healthcare professional when they had noticed a healthcare concern with a person they were visiting. Care workers also told us if requested they accompanied people to healthcare appointments

## Is the service caring?

### Our findings

People described care workers who supported them as cheerful, efficient and caring. One person said care workers, "Are cheerful, they make me laugh. None of them bring any problems, they help me to stay positive." Another person said care workers who visited them, "Go far beyond their remit." A relative told us looking back at previous care agencies they had used, "These seem a different class of carer, I am very happy with the care [relation] is getting."

One person who used the service told us they had nominated one of their care workers for the provider's 'Carer of the month' award. They told us how the care worker had cooked a full chicken dinner with all the trimmings for them. They said, "They didn't need to do that."

Care workers told us they found their work rewarding and that they enjoyed helping people. They told us how finding something people were interested in helped build their relationships with them. One care worker told us how they had looked through one person's wedding album with them and said, "What a lovely hour it was for me." Some care workers spoke passionately about how rewarding it was to provide people with the best palliative care they could. The registered manager told us anyone who applied to work for the agency needed to demonstrate strong caring values during the recruitment process.

People told us they were involved in planning their care and support and making decisions about this. A relative told us their relation was present and involved in discussions about their care even though they were not able to fully follow what was taking place. The provider informed us on their PIR that, "Each client chooses what services we will provide, how those services are delivered and by whom." The registered manager told us they would never complete an assessment without the person being present. People also told us they were informed in advance when a review was due so they could prepare for this.

Care workers told us they felt it was important that people were provided with choices about their care and day to day routines. One care worker said, "It is important that people are able to say what they want and that we respect that." A care worker described an occasion where one person had made a decision about their care that was unconventional but did not place them or any other person at risk. They told us they supported the person with this as, "What harm would it do and it made them happy."

The registered manager told us they had a policy on advocacy support, and details about local advocacy services were included in the information packs people were given when they started to use the service. They said there was no one who used the service at present that had the support of an advocate, but they would support anyone who wanted to use an advocacy service to find one. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service were treated with respect. One person told us care workers were polite and respectful and added that they, "Don't make you feel a nuisance." Another person told us care workers who visited them were, "Always cheerful, which I like."

Staff described the practices they followed to enable people have privacy and dignity when they supported them. They also told us of ways they showed respect when in people's homes. These included having a sensitive approach and following any routines people wished them to.

## Is the service responsive?

### Our findings

People had their needs assessed so plans could be made to ensure staff provided them with the care and support they needed. The provider informed us on their PIR that, "Our care plans are tailored to the client's individual situation." A person who used the service told us, "I was asked what (care) I needed." The person also told us how their care had been kept under review as their needs changed. They said, "We changed my care slightly as my needs changed."

People had a care plan that detailed their needs and how these should be met. Care workers told us that prior to visiting a person as part of the introduction process they read the care plan that had been prepared, and then discussed this with the registered manager or team leader. This ensured care workers knew about people's needs and how they wanted these to be met. A care worker told us they found the care plans were, "Good and informative." Another care worker said, "The write up about the person (background information) helps us get to know them."

People received their care and support at the time it was planned for. One person said, "They come on time, they are very reliable." Another person said, "What I like is they are always on time." People also told us care workers stayed for the full duration of their call, which was a minimum time of an hour long." People also told us care workers made records of what they had done during their visit.

Care workers said there was sufficient time allocated for visits to enable them to provide people with the care and support they wanted. One care worker said, "We are not rushed and it is important people we look after don't feel rushed." Care workers also said they tried to involve people in activities they enjoyed. This included activities in their home as well as in the community. One care worker told us how they had suggested and accompanied a person to try a community based activity they had not tried before, and the person now regularly attended this.

People were provided with information on what to do if they had any concerns or complaints with the service. A relative told us the registered manager went through how to make a complaint when they brought them the initial paperwork. People told us they had not needed to make a complaint but said that they would feel quite confident they would be listened to and their concern would be acted upon if they did.

The registered manager told us people who used the service were informed about the complaints procedure at their initial assessment meeting and given a copy of this with their care documentation. They also said that people were asked when they were contacted as part of the quality assurance reviews of their care if they had any concerns or complaints, and reminded about the complaints procedure in case they needed to use this in the future.

Care workers told us how they listened to what people had to say and understood how they may communicate this. They said they would pass any information of concern or complaint on to the registered manager or owner, but had not needed to do so. The provider informed us on their PIR there had been one complaint made in the preceding 12 months which had been investigated and resolved.

## Is the service well-led?

### Our findings

People felt the service was well run and effective at communicating with them. A person who used the service told us, "The office (staff) sort things out for me. If someone's coming or something is different they will ring me first." A relative said, "I find the manager and the owner excellent, they installed absolute confidence in me about the service. I was concerned the service wouldn't be as good as they said, but it is."

Care workers spoke positively about the service and felt able to make comments and suggestions. One care worker said the management would, "Deal with anything, I have total confidence in them." Care workers said they had opportunities to discuss issues in staff meetings as well as calling into or phoning the office if they wanted to discuss anything. The provider informed us on their PIR, "We follow the policies, procedures and processes established over the last 10 years by our franchisor, Home Instead Senior Care." Care workers referred to following these policies during discussion and we saw these were available in the office when we visited.

Care workers had the practical support they needed to enable them to carry out their work. Care workers told us they know what calls they were required to carry out each week. They said there was enough travelling time between calls so they could arrive on time. Care workers also told us resources they needed were always available, such as personal protective equipment (PPE) and forms, charts and other paperwork. Care workers also told us they had support out of normal office hours through an on call service operated by senior staff.

The registered manager told us about social occasions they had organised for people who used the service, such as a tea party to celebrate the Queen's birthday. They also told us about local community initiatives they were involved in including raising awareness in the local community of issues for people living with dementia and supporting a local charity.

People were confident in the way the service was managed and had confidence in the registered manager. People told us they found the management team to be approachable. One person told us, "I met the manager, they are very good. [Name] comes and explains everything to me. I have not got a bad word to say about them."

Care workers told us they felt there was an open culture in the service and that they were provided clear leadership. They described the registered manager and owner as flexible and supportive. One care worker said, "This (agency) is up there with the best." The provider informed us on their PIR the registered manager had attended care manager training which, "Includes how to manage effectively so we get the best out of all off our staff, ensuring we make people feel valued and part of a team."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any notifications from the service and the registered manager said there had not been any event they needed to

notify us of.

There were systems in place to identify where improvements could be made to the service. People who used the service were asked to comment on the service they received. A person who used the service told us, "They sent a survey round." Another person told us they received phone calls asking if they were happy with everything about their service. The registered manager told us these surveys were being collated to identify any issues or themes, but this had not yet been completed as it had been carried out so recently.

The registered manager told us that as the service had expanded over the last year they had recognised they were not keeping up to date with auditing records made about people's care. This included the records made about the support people received with taking their medicines. The registered manager agreed that if their auditing of records had been up to date they would have been able to identify the issue we found with these. Following a discussion with the owner about this they had recruited a team leader and an administrator to share in the running of the service. The team leader had recently taken up post and told us they would be auditing records on a regular basis.

The service is operated as a franchise of a national organisation. The national organisation monitors and audits the performance of each office to ensure they are meeting their standards. The registered manager told us they had recently undergone their second audit of the service but had not yet received the report of this.