

Holloway Care Limited

Home Instead Senior Care

Inspection report

Unit 12 Studio 2, Waterside Court
Third Avenue, Centrum One Hundred
Burton On Trent
Staffordshire
DE14 2WQ

Tel: 01283539917

Website: www.homeinstead.co.uk

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22 February 2016

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This inspection took place on the 22 February 2016 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. At our previous inspection in August 2015 the service was meeting the regulations that we checked.

Home Instead Senior Care provides care and support to people in their own homes in and around the Burton upon Trent area.

There was a registered manager in the service. 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.

Staff understood how to protect people from abuse and were responsive to their needs. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people in their own homes. Sufficient staff were available to meet people's needs and they received their calls as agreed.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when needed, so that staff could assist them safely. People received their medicine and were supported to apply any cream they needed to keep well.

People benefitted from having support from staff who had a good understanding of their individual needs and knew how people liked things done. People consented to the care provided and their care records included information about how they wanted to be supported. Staff treated people in a caring way and respected their privacy. Staff supported people to maintain their dignity. People were positive about the way staff treated them. People knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary.

People benefitted from receiving a service from staff who worked in an open and friendly culture and were happy in their work. People felt the service was well managed and they were asked to express their views and be involved in decisions related to the planning of their care. People were involved in the review of their care. The provider had systems in place to assess and monitor the quality of care and encouraged people and their relatives to give their feedback and used this to drive improvements.

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.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. There were sufficient staff available and recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 and sought people's consent when providing support. Where the agreed support included help at meal times, people were supported to eat and drink enough to maintain their health. Staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People's personal preferences were met and they were supported to maintain their independence. People were involved in discussions about how they were cared for and supported.

Is the service responsive?

Good ●

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified. The complaints policy was accessible to people. People received a satisfactory

outcome when they complained or expressed their concerns.

Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed.

Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 22 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

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. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke by telephone with four people who used the service and four relatives. We spoke with the nominated person, the registered manager, the training coordinator and three care staff. We reviewed records held at the service's office, which included three people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe when they were supported by staff. They had no worries or concerns about the way they were treated. One person said, "I feel safe as houses with the staff." Another person said, "I feel totally safe." Relatives we spoke with also confirmed this. One relative told us they had "Every confidence" in the staff team that supported their relative.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff were aware of the signs to look for that might mean a person was at risk of harm, and understood how to report their concerns. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff told us they would report any safeguarding concerns to the manager. One member of staff said, "I wouldn't hesitate I would go and contact the office and speak to the manager." Discussions with the registered manager confirmed they knew how to refer people to the local safeguarding team if they were concerned they might be at risk of abuse. Staff were aware of the whistleblowing policy. This is a policy to protect staff if they have information of concern. Staff knew they could contact external agencies, such as the local authority or the Care Quality Commission, if needed. Staff told us they were confident that the management team would support them if they raised any concerns.

People told us they had all the equipment they needed for staff to assist them safely. We saw that the management team had assessed risks to people's health and wellbeing. Where risks were identified the care plan described how staff should minimise the identified risk. For example, we saw that one person was at risk of falls and a variety of equipment was in place to support them with their mobility. We saw that this person was at the risk of falling if they went out alone and they had been advised not to do this. It had been assessed that this person would be likely to go out alone if they became lonely, as they enjoyed the company of others. The provider in consultation with this person and their family had organised daytime opportunities for them to reduce this risk. This demonstrated that people's full needs were considered when assessing risks to their well-being. Staff we spoke to knew about people's individual risks and explained the actions they took to keep people safe, this included any specialist equipment that was used for individual people.

People's homes were assessed to ensure staff had guidance to follow to protect people from identified risk and to keep themselves safe, such as whether there was adequate street lighting and access to people's homes. The training coordinator confirmed that the service supported the 'Olive Branch' project and had referred people to this project. This is a project with Staffordshire Fire & Rescue Service to identify potential fire hazards and other risks in the home. This project enables staff to refer people, with their consent, onto Staffordshire Fire & Rescue Service for a free home fire risk check. This showed us that the provider supported people to access services that could help them to keep safe.

There were enough staff to meet people's needs. We saw that people were supported in a safe way because the manager ensured enough staff were available to people according to their assessed needs. The care plans we looked at included an assessment regarding the level of support the person required. This enabled the manager to calculate how many staff were needed to support the person in a safe way. Staff told us they

only worked alone when a person's assessment confirmed it was safe to do so. People told us that they knew who would be supporting them because a rota was issued to them that provided the name of the worker and the time and duration of the call. One relative told us, "They never let us down, although they may change the person sometimes. They send a rota every week. By and large they stick to it completely."

People confirmed that staff supported them for the agreed length of time and confirmed that a system was in place to monitor staff calls. One person said, "The staff log in on time and log out on time, by telephone." In the care plans we looked at the minimum support time provided to people was 45 minutes. One member of staff told us, "Most calls are 45 minutes to an hour and our travelling time is not included in this. It gives us enough time to support people properly, which I don't think we could do if we had less time." This demonstrated that people were provided with sufficient support time to ensure their needs were met.

When new staff started work at the service, recruitment checks were in place to ensure they were suitable to work with people. One member of staff told us, "I couldn't start work until all of my recruitment checks were in place." The staff's suitability for the role was checked by obtaining suitable references, having a police check and confirming the validity of their qualifications, previous experience and training. This meant recruitment procedures made sure, as far as possible, that staff were safe to work with people who used the service.

Some of the people we spoke with told us that staff supported them to take their prescribed medicines. Comments from people confirmed they were supported to maintain as much independence as possible. For example, one relative told us their family member only needed support to pop their medicine out of the blister pack, as it was too difficult for them to do and they confirmed that staff supported them with this and said, "This happens every day and the system works well." Information in people's care plans was detailed regarding their prescribed medicine; this included what the medicine was for, the dose, the frequency and the side effects. This provided staff with clear information. One member of staff told us, "I find it's really useful, it means if I am supporting a person I know what the medicine is for." We saw that Medicine Administration Record (MAR) sheets were coded to demonstrate the level of support a person required with their medicine. This varied from prompting a person to take their medicine, to dispensing or administering medicine. We saw that this information was recorded in people's care plan to provide information to staff on the level of support the person needed.

Is the service effective?

Our findings

People who used the service and relatives that we spoke with said that they thought the staff were competent and capable of undertaking the tasks they performed. Staff supported people with a variety of tasks, from personal care to preparing meals and other domestic chores, to accompanying people to go out. One person told us, "I have a team of four regular staff. I am well looked after." Another person said, "The carers are worth their weight in gold. I would be in a home if it was not for them."

Staff told us their induction training enabled them to meet the needs of people they supported. Staff told us the induction included attending training, shadowing experienced staff and reading care plans. One member of staff told us, "Each person has their own team of staff, when we have new staff they don't go out on their own; they need to get to know people. It works both ways, it's important that people have time to get to know the staff."

Staff told us that they were provided with training that was specific to the needs of people they supported and talked about the training provided. One member of staff told, "One person I support has a ceiling track hoist. Our trainer came out and trained us in how to use it." Staff told us they were working towards completing the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The training coordinator told us that all staff were completing the care certificate as a good practice measure. They told us, "The care certificate covers all mandatory training, so it's a good update for experienced staff as well." Staff told us they were also provided with training that was specific to people's needs. One member of staff told us, "I work with someone who has all their nutrition and medicines through a PEG feed, so I have had training on how to do this." A percutaneous endoscopic gastrostomy (PEG) feed is when a feeding tube is passed into a person's stomach through the abdominal wall, to provide nutrition or medicine when oral intake is not possible. This demonstrated that staff were provided with the skills to support people effectively.

Staff received supervision on a regular basis; this was through one to one meetings and through observations of the care they provided. Staff told us that they felt supported by the management team and confirmed that supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. This meant that people were cared for by staff that were well supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Staff told us that people who used the service did have capacity to make decisions about their care, although some people needed support to make major life decisions. We saw that the provider had taken action to ensure that information regarding people's capacity was recorded to ensure family, friends and professionals who were important to the person were involved in reviewing what decisions should be made in their best interests. The care plans we looked at had been signed by people to demonstrate their consent to the support they received. Staff had a good understanding of the MCA and understood their responsibilities for supporting people to make their own decisions. Staff told us they obtained people's consent before they supported them. People we spoke with confirmed this, one person said, "The staff never intrude, this is my house and everything is done my way." This demonstrated that staff provided support in people's preferred way and with their consent.

Staff told us that when people needed help with preparing their meals and drinks, they did this in the person's preferred way. One person's relative told us, "The staff help my relative to prepare breakfast." Staff kept records of the support they gave, which described the level of help people received with meals and drinks. The records showed people were encouraged to choose their own meals and were supported to maintain a balanced diet and sufficient fluids, to reduce the risks related to nutrition.

People's health care needs were documented as part of their care plan. Care staff told us that if they had any concerns about people's health they would inform the manager. Records showed that people were supported to maintain their health. One person's records showed that staff monitored their general health condition as part of their post-operative care. Information was detailed to ensure staff had clear guidance to ensure any concerns were reported to health care professionals if needed. Another person told us about the support they received from their carer when they required emergency treatment. They told us, "The carer accompanied me to hospital, they were very calm. I contacted the agency to let them know how well they had done."

Is the service caring?

Our findings

People were happy with how staff supported them and had developed good relationships with staff. One person told us, "The staff are very good. I have got to know them quite well over the five years now." Another relative said, "The staff are very caring. They always arrive and announce who they are. My relative thinks of the staff as friends."

People told us the staff supported them to maintain their dignity and be as independent as possible. Staff were aware of people's abilities and care plans highlighted what people were able to do for themselves and where they needed help. This was confirmed with people we spoke with. One person said, "I am more included in society. I go to coffee mornings and that is important to me. The staff enable me to lead a more full and active life."

People's preferred names were recorded in their care records to ensure staff addressed them in their preferred way. Care records showed that people had been involved in their care and their views had been gained about what was working. For example one person said that their current staff support met their need and they enjoyed staff visiting them and did not wish anything to change. People had signed copies of their support plan documentation to demonstrate their agreement.

Is the service responsive?

Our findings

People told us the support had been agreed with them when they started using the service. They were confident that staff knew how to provide the care and support they wanted. One person told us that the level of support they needed varied depending on how well they felt each day. They confirmed that their staff team understood and respected this. They told us, "If I am well I need less care. I have support with personal care and other jobs like doing the ironing. The staff sweep leaves in the autumn without being asked, that is marvellous. I get the same amount of time if I am well or not. I enjoy the company indeed I need it." This demonstrated that staff were responsive to people's individual needs.

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping.

Staff understood people's needs and abilities and their descriptions of how they cared for and supported people matched what we read in their care plans. Staff confirmed they had the relevant information required to support people. We saw that information had been used from people's initial assessments to develop their plan of care. Information in people's care records was clear, well recorded and concise. People's changing needs were monitored to ensure the care they received was relevant and met their needs. One person told us, "I get a visit every three or six months and we go through the care plan to check I am satisfied." We saw from the care records looked at that reviews of care took place every 6 months, or sooner where there was a change in a person's needs. This demonstrated that people's current needs were met by staff that had up to date information.

An on call system was available for staff and people who used the service. A member of staff said "If I need any advice or support there is always someone available." People told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given.

Staff told us that any complaints or concerns made to them would be reported to the manager. One member of staff said, "If anyone raised a concern I would report it straight away so that it could be sorted out." People were able to raise concerns or make a complaint if something was not right and were confident their concerns would be taken seriously. One person told us, "I would just ring the manager, if I had a complaint." Where concerns had been raised, we saw the provider had considered the information and responded to them, identifying any outcome or improvement to be made.

Is the service well-led?

Our findings

People told us that they felt the service was managed well. One person said, "I don't think there is anything they could do better; they are known for good care in this area." The provider and registered manager communicated openly with staff and people who used the service. We saw that the information given to people when they started using the service clear guidance about how the service was to be provided and the values of the service.

Staff were supported by a clear management structure and demonstrated that they understood their roles and responsibilities. People using the service and their relatives were clear who the manager was and confirmed that they could speak to them when they needed to. Some people told us that they occasionally received their care from the manager. This also provided them with an opportunity to get to know the manager.

The provider ensured people were supported according to their identified needs. Care plan reviews and people's level of need were regularly reviewed and updated to enable the manager to check that the staffing levels were sufficient to support. Staff told us they were given sufficient time to enable them to support people in an unhurried way.

Staff told us that they felt supported by the management team and said that if they had concerns or questions they would contact the office. One member of staff said, "The manager is approachable and supportive, I love working here, we all get on, it's a brilliant team." Team meetings were provided every three months and staff told us that these were held over a few days. One member of staff said, "The care giver meetings are done over a few days, some in the morning, evening and at weekends, so that everyone gets the chance to attend. This ensured staff were kept up to date with any changes.

A quality assurance system was in place. We saw that people's views had been sought at care reviews, through visits to people, telephone quality checks and through annual satisfaction surveys. We saw that an audit was under taken of the survey results every year and these were sent out with the company's newsletter. The November 2015 newsletter fed back the actions that had been taken following the results of the 2014 survey, where people had highlighted that communication with the office staff was important to them. The provider had appointed additional senior staff to build better links between people and the office staff. This showed us that the provider listened to people's views to make improvements to the service. The results of the 2015 survey showed that people were happy with the support and services provided to them.

The provider conducted regular audits to check that people received good quality care, such as missed calls, complaints and spot checks on staff practice and medicine errors. For example completed medicine records were returned to the office and checked to make sure that staff were supporting people to take their medicines as prescribed. We saw that any medicine errors were recorded along with the actions taken and the outcome. A system was in place to record whether people received their support on time and ensured that people received the agreed support time. The system identified if people did not receive their visit and alerted senior staff to ensure people were not left at risk of harm. This showed us that the provider

monitored the service and took action as required to improve the service.

People's right to confidentiality was protected. All personal records were kept securely in the office. Each person had a copy of their records which they maintained responsibility for. People confirmed that their care records were available to them at their home.