

Retford Senior Care Services Limited

Home Instead Senior Care Retford and Gainsborough

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 ●

Summary of findings

Overall summary

About the service:

Home Instead Senior Care Retford and Gainsborough is a domiciliary care service which provides support with personal care, shopping, domestic tasks and companionship to people living in their own homes. At the time of this inspection 23 people were using the service.

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

People's experience of using this service:

People told us they received safe care by consistent staff members. People received support to take their medicines safely and as prescribed. Risks to people's well-being and their home environment were recorded and updated when their circumstances changed.

People's rights to make their own decisions were respected. People were supported to access health services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way.

People received caring and compassionate support from the staff. Staff referred to people in a respectful way. People were complimentary about staff and the positive relationships they had with them. Staff respected people's privacy and dignity and people were supported to be as independent as possible.

People received support that met their needs. Staff knew how to support people in the way they preferred. People knew how to complain.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. The senior team had a number of quality assurance systems in place and there was a focus on continuous development. The service worked well with other community partners.

Rating at last inspection:

Good (report published August 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in the detailed findings below.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Home Instead Senior Care Retford and Gainsborough

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an assistant inspector. The assistant inspector made phone calls to people who used the service and their relatives.

Service and service type:

Home Instead Senior Care Retford and Gainsborough is a domiciliary care agency which provides personal care to people living in their own homes. The registered manager and nominated individual were both present during the course of our inspection visit. A nominated individual has overall responsibility for supervising the management of the regulated activity and ensuring the quality of the services provided. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced visit.

What we did:

Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority and their safeguarding team and the local Healthwatch to gain

their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The inspection site visit activity took place on 5 February 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

During the inspection site visit we spoke with the registered manager and the director. We also spoke with seven members of staff. We looked at care records for five people, medicine records for five people, recruitment records for four staff and other records relating to the management and quality monitoring of the service. We contacted five people to gather their views about the care and support they received.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I do feel safe, they're very trustworthy."
- The service had used technology to help individuals remain safe such as a GPS tracker device.
- There were effective safeguarding processes in place. Staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns they had. One staff member told us, "We get reminded about safeguarding and whistleblowing all the time. We touch on it every time we do training."

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded and updated when people's needs changed.
- People's risk assessments covered care needs such as mobility, bathing and other individual conditions as well as environmental risks in the person's home.

Staffing and recruitment

- Safe recruitment procedures were followed. Applicants' suitability was assessed thoroughly before being offered a job. We recommended that photographic identity documents should be verified to reduce the risk of identity fraud. We received confirmation the provider had implemented this immediately after our inspection visit.
- People received care and support from the right amount of suitably skilled and experienced staff.
- People told us that the right amount of staff attended their homes at the right times and stayed for the right amount of time. Staff were given enough time between calls. One staff member said, "I get enough travel time between calls, I go on my bicycle. When its bad weather they allow me extra time."

Using medicines safely

- Medicines were managed safely. Staff who had completed the relevant training were deemed as competent to undertake the task safely.
- Medicine administration records (MARs) were completed as required and signed to show people had received their prescribed medication at the right times.
- People told us staff took their time when administering medicines and they got them at the right times. One person told us, "Medicines are done satisfactorily, I had a problem getting tablets from the pharmacy the other day, and one of the ladies got in touch and sorted it all out for me."

Preventing and controlling infection

- Staff had access to personal protective equipment, and knew how and when to use this.

Learning lessons when things go wrong

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence. For example, several previous medicine recording issues had led to the development of a new format MAR to make it easier for staff to use.
- Accidents and incidents were recorded and investigated thoroughly.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- Comprehensive assessments of each person's needs were completed before a care package was agreed or put in place, to ensure the service could meet their needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff had the right skills to provide the care and support they needed. One person said, "Certainly, well trained, I don't have to bother about anything really."
- Staff training in key areas was mostly up to date and a training programme was in place for 2019.
- All staff we spoke with felt they had received enough training for their role.
- Staff practice was assessed through regular support visits or direct observations of the care they provided.
- Useful and positive staff inductions were provided; People using the service were involved in staff training. One staff member told us, "I had three days induction training then extra first aid and dementia training further on." New staff starters also received an appraisal after six months in post for additional support.
- Staff received regular supervisions and an annual appraisal. One staff member told us, "Every three months we get supervision and an appraisal every year, like a yearly thing. I find them useful."

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

- People received support with eating and drinking, where they had needs in this area.
- Eating and drinking care plans were personalised; They included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.
- One person told us, "One of them shops for me once a week, gets all the things we need and a little bit of a treat as well."

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

- Care plans noted any support people needed with their health care needs and relevant professionals' advice for staff to follow.
- Staff supported people to attend health care appointments when appropriate.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- No one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- Staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised and they understood the importance of gaining a person's consent before providing any care and support. One staff member told us, "I have a lot of clients with dementia and the power of attorney has been passed to family. Yes, we always try to make best interest decisions for them."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about staff being kind and caring. One person said, "Until I lost my wife recently, they cared for her very well, they always did their best to make her comfortable."
- Staff understood the importance of treating people as individuals and referred to people in a respectful way.
- People told us staff knew their preferences well and how people wanted and needed their care to be provided.
- People were assisted using different communication methods. One relative had photographs of all the carers as their family member struggled to remember names. They used the photos to show them who was coming that day.
- Each person had life history information recorded in care plans. This helped to match people with staff members with similar interests and outlooks.

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

- People were asked their views and opinions about the care and support provided via meetings, telephone calls and surveys. Twice a year people and their families were supported to attend a provider event. Refreshment and transport were provided with the aim of seeking people's views and offering socialisation.
- Information about advocacy services was available; Staff supported people to access these services when needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "Yes, they treat me with dignity and respect", and a staff member said, "I assist a gentleman, his dignity is paramount, it isn't nice for someone to have to reveal all."
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential. Staff we spoke with said, "We don't share any details of the clients", and "I wouldn't discuss [Name] with anyone apart from the office."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff knew their needs well. One person said, "I've got a copy of my care plan in the book they write in, they come and review it regularly."
- Staff were responsive when people's needs changed. One staff member told us, "I have noticed things that have started to change like mobility or dietary, and I will go to speak to management and they go out and do a new assessment and update the care plan."
- Care plans were person centred, up to date and reviewed regularly.
- Plans were well written and contained detailed information about people's daily routines and specific care and support needs. Plans guided staff to focus on the person's wellbeing and what outcomes they wanted to achieve from their care package. People were supported to attend community activities if they so wished.
- Where people required information in an alternative format this was available in line with the Accessible Information Standard (AIS) introduced by the government in 2016, to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People knew how to complain. People told us if they had any concerns they would speak to staff or a member of the management team. One person said, "No complaints, I should ring straight away if I had a problem."
- Records showed complaints had been dealt with appropriately. The management planned to implement further monitoring of how they handled any complaints.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and told us they would respect people's religious beliefs and preferences.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team demonstrated a commitment to providing good quality care.
- The staff we spoke with praised the support they received from the management. Staff told us, "It's nice to work for someone that appreciates the hard work you do," and "The management are fantastic, you get rewarded for doing good things with the clients. If they give good feedback, you get a reward, you are always getting a thank you for all the hard work you do."

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

- Management were clear about their roles and responsibilities and led the service well.
- Staff performance was monitored during support visits and discussed at supervisions. The registered manager understood they held staff to account for their performance where required.
- Managers and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

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

- People's feedback was sought regularly and acted upon.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service. One staff member said, "Yes, we get surveys, in team meetings we get asked if we have any ideas to better the service, and they take it on board and they try to take those ideas on."
- The provider had an effective community engagement plan. This consisted of initiatives to raise awareness and mark annual events such as Dementia Friends. They had delivered dementia training at the local fire station and in a high street bank. Such events had been publicised in the local press and via social media and had led to the service being awarded a Community Partnership award at the North Notts Business Awards in 2018.

Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service. All aspects of care were audited regularly.

- Actions arising from audits carried out by the provider and registered manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others

- Managers and staff worked well with external health and social care professionals.
- Management attended local forums that kept them up to date with best practice and any areas for improvement.