

Clientsinfocus Limited

Home Instead Senior Care

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

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people and younger disabled adults. People living with mental health conditions; learning disabilities, sensory and or physical disabilities. At the time of the inspection there were 43 people using the service, 20 of those people received support with the regulated activity of 'personal care.'

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a registered manager in place. 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. The service was last inspected in December 2016, the rating awarded was required improvement overall.

People and their relatives told us they felt they received a safe service. They said they were cared for by staff who were kind and caring and who were trained. The service they received was responsive and met their needs and there was continuity in the staff that supported them. People valued this as it enabled them to build relationships and develop trust. They told us they felt the service was well managed and they would recommend it to others.

The staff received induction, training, supervision and appraisals in order they could carry out the role to the expected standard. They received support from a team of three senior staff, who they reported were accessible, knowledgeable and effective.

People's needs were assessed prior to receiving care, a care plan and risk assessments were documented to ensure that any risks were minimised and care was appropriate. The care was regularly reviewed and where required, changes were made.

Where people required assistance with medicines this was provided. However, we found the senior staff were not aware of some aspects of best practice. For example, the information from prescriptions was not always transcribed with sufficient detail onto the Medication Administration Record (MAR). Body maps were not always used to demonstrate where creams should be applied. We discussed this with the registered manager, they took immediate action to rectify the situation and were going to discuss with the franchisor how their training needed to be updated.

The service had safe recruitment systems in place to ensure as far as possible only suitable staff were employed to work with people.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Training was provided on equality and diversity and the registered manager and senior staff told us they would be happy to provide care to anyone with protected characteristics. We found care to be person centred and people were treated equally by the provider. Where appropriate people's interests and hobbies were supported. Community involvement played a large part of the service provided. The registered manager worked hard to encourage community involvement for the people they cared for.

A quality audit and feedback from people and staff highlighted areas the service could improve in. Where appropriate action was taken to address issues and adjust the service being provided.

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's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed.

Systems were in place to protect people from the risks of abuse or neglect.

Comprehensive recruitment checks protected people from the risk of being cared for by unsuitable staff.

Is the service effective?

Good ●

The service was effective.

People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Care was provided in line with the requirements of the Mental Capacity Act 2005. This ensured people's rights were upheld.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

The service was working towards compliance with the Accessible Information Standards. Advice and resources to assist people with communication were in place.

Is the service responsive?

Good ●

The service was responsive.

Care plans and risk assessments were up to date and accurate. This assisted staff to provide appropriate care.

People and their relatives knew how to make a complaint. When people had raised concerns these were dealt with quickly and appropriately.

Is the service well-led?

The service was well-led.

The registered manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

The registered manager and senior staff provided effective leadership and management. This was valued by the staff and people using the service.

Good ●

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 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 by 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. This expert had experience of services providing dementia care.

Prior to and after the inspection, we reviewed information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and used this to inform our inspection.

On 22 May 2018 we contacted three people who use the service, four relatives, one friend of a person using the service and a legal executive for two people by telephone. This was followed by a site visit which started on the 4 June 2018 and ended on the 5 June 2018. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. During our visit to the office we spoke with the registered manager, the care manager and the Human Resources manager. On 6 June 2018 we spoke with five staff by telephone.

We reviewed a range of records about people's care and how the service was managed. We reviewed five care plans and associated care records; three staff recruitment records and training and supervision records for seven staff. Other documents we viewed included quality assurance audits, minutes of meetings with staff, and incident reports amongst others.

Is the service safe?

Our findings

People their relatives and friends told us they felt they received a safe service. Their comments included "Safe? Yes, they (staff) are friendly and competent." "I have peace of mind and reassurance."

We reviewed the medicine policy, procedures and records for people who were supported in this area. We had concerns the medicine administration charts (MAR) were not being completed properly. This was because information transcribed onto the MAR chart from the prescription did not always include information related to the route or strength of the medicine. Where people required creams and lotions to be applied, body maps were not in use to demonstrate to staff where on the body each substance should be applied.

We discussed our findings with the care manager and registered manager. We were also told staff were not recording the opening dates of creams, lotions and drops. The reason being, this had not been included in the training. The registered manager was going to contact the franchisor to discuss the content of the medicines training.

In the meantime the care manager started to improve the information on all the MAR charts. Body maps were included for creams and lotions. Staff were instructed to record the opening dates of creams and lotions. The registered manager also contacted the Quality in Care Team (QiCT) to ask for further guidance. QiCT is a resource provided by the local authority to assist services improve their practice. We were reassured the correct action was being taken to ensure the safety of people receiving support with medicines. There had been no medicines errors in the last year. A medicines audit had been introduced since the last inspection.

People's needs were assessed prior to them using the service. From this assessment the staffing levels were determined. If any additional resources or equipment were required it was established at this point. This assisted the service to ensure they could meet the person's needs.

We were told by the management there were sufficient numbers of staff to meet people's needs. This was echoed by the staff team and the people using the service. The registered manager told us they were aware of the need to provide continuity of care. They achieved this by trying to maintain stable staff. One person told us "Having the same two carers and that continuity is important."

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed. Environmental risk assessments were in place alongside risk assessments related to the care provided for people. These identified areas that posed a risk to people or staff and how staff could minimise these risks. These included areas such as lighting, mobility, diet amongst others. We discussed with the registered manager how risk assessments and care plans could be improved by adding additional information about people's health needs.

Care competency assessments were carried out to ensure staff understood and completed the necessary

tasks safely. This ensured staff were carrying out care safely and the risk of injury or harm was minimised.

Staff knew how to report concerns of abuse. They were able to identify indicators of abuse. All staff had received training in how to safeguard people from abuse.

Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service checks, written references, and proof of identity and of address. Discussions took place during the interview about the health of candidates to carry out the role. Gaps in employment histories were investigated to ensure all information was accurate and up to date. This enabled the provider to make safe decisions about the recruitment of staff.

Is the service effective?

Our findings

People and their relatives told us the staff were skilled and knowledgeable. They described the staff as "They make helpful suggestions." "Friendly and efficient." "They are experienced staff who know what my wife requires." "Kind, professional, caring."

All staff received an induction into working for the service. This included training in areas such as moving and handling, safeguarding, medicines amongst others. They also completed the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. Staff also received support through supervision sessions every six months with their line manager and quarterly support visits. These visits involved the care manager visiting the worker whilst they were assisting people and observing their practice. The staff member was given praise and/or feedback on areas identified for improvement. Staff told us they found both these sessions useful. Their comments included "They are useful, as sometimes you learn there is an easier way of doing something." "If [named senior staff] feel you could do something differently, they let you know. There is no blame culture, I feel relaxed at work and therefore less likely to make mistakes." "It is nice to see where you have come from and where you are going. It gives you the chance to have a proper chat about things."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where it was appropriate to their role staff had received training in the MCA.

Staff we spoke with were knowledgeable about MCA. The service used a mental capacity assessment tool and where appropriate best interest meetings were recorded. MCA was now discussed at every staff meeting to ensure staff kept up to date with the legislation and its impact for people.

Care plans were reviewed regularly. Care plans reflected people's nutritional and hydration needs. Their risk of dehydration and malnutrition was assessed. Where people required support with eating and drinking and food preparation this was provided by staff or family members. Referrals had been made to the GP for support from Speech and Language therapy to assist a person who had swallowing difficulties. People told us they were happy with the support they got with food and drinks.

People were treated equally when receiving care and support. We discussed with the registered manager and the care manager how they would support people from different ethnicities, religions, sexual preferences, gender. They told us and records confirmed all staff received training in equality and diversity. They said they would support people in the way they wished to be supported. They would encourage

people to discuss this during the assessment stage, and would look to accommodate their needs. They felt there was no problem in meeting the needs of people with protected characteristics.

The service worked in partnership with external organisation to provide care to people. The PIR stated "A good example of this is our relationship with the adult mental health team in Aylesbury. We have a number of clients we jointly support." The registered manager also told us they worked alongside teams in local surgeries, who provided information to older people and staff. This enabled care to be person centred and coordinated.

Is the service caring?

Our findings

People and their relatives told us the staff were caring. Their comments about staff included "They are excellent. Each one of them. The minimum is good; sometimes they are very, very good. They are willing, friendly, competent, reliable. I have confidence that they will provide what they say." "I know they are caring because I hear them chatting to her and trying to encourage her. The way they ask her to move is tactful and friendly."

People and their relatives reflected on the way care was provided. They gave examples of how people were treated with respect and dignity. "I know they are caring because they were careful washing me after I had surgery, and they are careful when they are moving my china and getting my meal." "The personal care is how you would want it." "They treat her with dignity and respect. She has a strip wash and they get her up. Having continuity has been important."

People who needed assistance to remain as independent as possible felt supported to do so. Comments included "I wouldn't exist without them (staff)." One relative told us how their family member had been in hospital for a long time. They said "The continuity from this agency has been important in making it work. It is good to have her at home."

Staff understood the importance of assisting people to remain as independent as possible. They discussed with us how they achieved this with people, for example giving people choices. People's comments included "I used to be very independent. It's frustrating now. They're brilliant (staff) they don't criticise and are very tactful." "They take her shopping. They really look after her. They've worked out what she really likes. She goes out and about in the community. They garden. They cook with her. There's always a jigsaw out. I met her in the garden centre with her carer. It means she is not just sat in her chair all day. "

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was working towards be compliant in this area.

Where people required assistance to communicate, the service would offer support and guidance and signpost people to agencies or organisations who could assist them. For example, one person was diagnosed with Parkinson's disease. The PIR stated "We (the service) put them in contact with the local Parkinson's nurse and also signposted them to the relevant organisations to help with her hearing loss and speech. All clients that we support are given additional information for other support groups that are available to them." We were also told by the registered manager how for some people living with dementia, signs had been posted on the doors of the rooms in their homes. This was to help remind them of their location and to assist with their independence.

People who lived with dementia were also supported through the use of reminiscence cards, old fashioned menu cards, and scented cards to trigger memory and interactions. Twiddle muffs were also purchased by the service for people who lived with dementia. (A Twiddle muff is a knitted muff. Objects can be attached

to assist with stimulation. People can twiddle the objects which sometimes helps to calm people.)

People's care plans included their personal histories, likes and preferences. Through discussions with staff it was apparent they knew people well. Staff told us an important part of their role was to sit and chat with people. They felt they had time to do this. In doing so they formed strong relationships with people, and got to know more about them.

Staff had been recognised for their kindness and endurance during inclement weather. Heavy snowfall meant that some staff were unable to travel. One staff member walked three miles and another four miles to people's homes to ensure their care was provided and they were safe. The registered manager had awarded both staff members a bonus for the commitment they had shown.

The provider had also purchased the services of an independent information and counselling service for staff. This was a confidential service to assist staff with both professional and personal issues they may have experienced. This demonstrated the caring nature of the service.

Is the service responsive?

Our findings

People and their relatives spoke positively about the responsiveness of Home Instead Senior Care. "They (staff) do everything I ask them to do. They are very good and helpful." "My sister said, 'they are amazing'."

Prior to the commencement of care each person's needs were assessed. The assessment included the background information related to the person, their health conditions if appropriate, the environment and the person's preferences. From this assessment and in agreement with the person or their representatives a care plan and risk assessments were drawn up. This included areas such as medicines, moving and handling, food and nutrition, hobbies and interests, mental capacity and health conditions both physical and mental if appropriate. Other information was included that was pertinent to the person.

Environmental risk assessments reviewed the safety and suitability of the person's accommodation. This minimised the risk of harm to both staff and the person and their visitors. Changes to people's needs were identified promptly and were reviewed with the person or their relative and the involvement of other health, therapy and social care professionals where appropriate. Any changes to people's care was discussed with the person or their representative. Care was reviewed regularly, records demonstrated contact had been made with people either through telephone conversations and or visits and meetings. This enabled the service to keep records up to date and provide appropriate care.

The service worked hard to forge links with the local community and to bring a greater awareness of the condition of Dementia. They did this by holding a dementia awareness drop in service at a local supermarket. This gave people the opportunity to ask questions and to meet staff.

The registered manager had also joined an organisation named Service User and Care Organisation (SUCO). This was a local organisation which discussed issues within the local community. People were invited to attend and bring ideas. As a result Home Instead were able to work alongside a community fitness class. A staff member from Home Instead was provided to offer support in case anyone who lived with dementia wished to attend. People who lived with dementia had attended the class. Other fund raising activities took place once a year to support local charities. The service also sponsored the local Armed Forces Day.

People were supported to follow their interests and hobbies. Comments from people highlighted the value they placed on this support. "They got someone in to do her nails when she wasn't well enough to go out for it. Her nails are important to her." "They try to match with a carer who shares their interests." "The carer talked with me about scuba diving this morning, I'm very interested in it." "I knew a man who liked walking and the carer would walk with him for two hours." This protected people from the risk of social isolation.

The provider had an equality and diversity policy and procedure. Staff received training in this area. The registered manager told us people from all backgrounds, religions, cultures, ages, sexual preference, disabilities and genders were welcome to use the service. They would not be discriminated against because of any differences. The service would support the person to live their life how they chose to. The care manager told us they would not be treated any differently to anyone else but as an individual whose needs

would be catered for. This enabled people with protected characteristics to benefit from receiving a service that would provide appropriate care.

The provider had a complaints procedure and policy. People told us they knew how to raise a complaint or concern if they had any. There had been no official complaints raised with the service in the last year. People confirmed where they had raised issues these had been dealt with quickly. Their comments included "If there's an issue I ring the office up. It's always sorted out." "The office is always very responsive." "There was a conflict. It's OK now... I can ring him [registered manager] up and he will do something." As a result the registered manager was able to drive forward improvements to the service and promote learning from grievances.

Is the service well-led?

Our findings

People told us they felt the service was well managed. Comments included "I would recommend it to anyone." "I would give them 100%", "I haven't a bad word to say about them." A legal professional told us "I've been involved in different care companies. In this area I would go first to Home Instead."

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

The management were familiar with the requirements of the duty of candour and had a policy in place to guide them. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised at this service.

People were encouraged to give feedback on different aspects of the service through a questionnaire sent to them by an independent organisation. The last questionnaire had been commissioned in June 2017. Action was taken to address areas that required attention. For example, the service re-examined the geographical areas staff had to travel to minimise time spent between visits. Another way the service received feedback from people who used the service and staff was during the tea and cake session held at the beginning of each month.

The senior staff hired a local venue and made themselves available all day for staff and people to call in and chat, give feedback and ask advice. Staff commented "It is really lovely, the three managers joined us. It gave me an opportunity to ask questions. I was very relaxed, it is a lovely idea." "I get to spend time with other carers and discuss clients, its very valuable because we can share ideas." Staff were also supported through staff meetings, supervision and support visits.

Staff told us there was an open culture within the service and senior staff were accessible and helpful. Staff believed the most positive aspects of the service was how the senior staff listened to and supported staff. They also felt the senior staff were working together to support people and staff. People told us the staff were kind, friendly and knew how to support them in a way they preferred. One slight criticism from both staff and people using the service was the provider could improve their communication in relation to changes to rotas. Two people's comments included "They (office staff) could be slightly better at letting you know if there are changes. It's not a serious criticism." "Sometimes a little more communication would be good because I don't get up till they come and if there is a half hour wait and nobody is here I get anxious. It's OK if they tell you." The registered manager told us they had increased the staffing in the office as a result of feedback. With improved staffing it is hoped that communication will also improve.

A number of quality assurance checks were undertaken to ensure the safety and quality of the service being provided. These were undertaken by an auditor provided by the franchisor who carried out an annual audit of care plans, recruitment, rotas and technology. Action plans were drawn up and key individuals identified to carry out improvements where necessary. This assisted to drive forward improvements within the service.

People were happy with the service they received, when asked if they would recommend the service people told us "I would recommend them to anyone. " "I would give them 100%". "I haven't a bad word to say about them." "I have already recommended them. They were recommended to me by a friend."

There were times when the service was legally required to notify us of certain events which occurred. We checked our records prior to the inspection and saw that the service had notified us of relevant events.