

Caballus Home Care Limited

Home Instead New Forest

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 New Forest is a domiciliary care provider. At the time of this inspection 4 people received personal care support from the service. The service supported older people, some of whom were living with dementia, within their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe using the service and there were systems in place to protect people from abuse. There were enough staff to meet people's needs and they had been safely recruited. Staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

There were plans in place for foreseeable emergencies. Risks concerned with people's health, care and the environment were assessed and reduced as far as was practicable. People were supported to take their medicines safely. Staff were provided with training and checked to ensure they were following correct procedures.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes. Staff felt supported by the provider and management and could visit the office to discuss any concerns.

There were effective systems in place to monitor and improve the quality of the service provided. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs. There was a system in place to allow people to express any concerns or complaints they may have.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times. Care plans had been reviewed with people to ensure they were delivering person centred care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests. Policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 21 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 New Forest

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector and an Expert by Experience contacted people and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 4 months and was in the process of registering.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 1 person who used the service and 3 relatives and 1 person's representative about their experience of the care provided. We spoke with 10 members of staff including the nominated individual, finance director, care manager, deputy care manager and training lead, care coordinator and 5 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care and medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records. We spoke with 1 professional who had contact with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt totally safe with staff. Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. For example, 1 staff member told us, "I definitely understand the term 'whistleblowing' as it means if you see the co-worker doing something wrong. I do feel the company would support me."
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care staff who supported them.
- Areas covered by these assessments included risks associated with the environment, personal care, communication, medicines, nutrition, health conditions and moving and handling.
- Staff had a good understanding of people's risks. Risk assessments set out how risks were minimised or prevented. The provider was reviewing people's bed rail and air mattress risk assessments to ensure staff had comprehensive guidance to keep people safe.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Staffing and recruitment

- People and their families were all very happy with staffing levels at the service. One person told us, "The carers are very punctual and if they are running late someone from the office would ring. I never feel rushed the carers always stay their time and are very flexible."
- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. One staff member told us, "I definitely think the company gives enough time to get to the clients and support them with all the activities that need to be done for the client within the time I have with the client."
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, 2 written references and a check with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were effective arrangements and checks in place for the management of topical creams.
- Staff had received training in the safe handling of medicines and underwent an assessment of their competency to administer medicines in line with best practice guidance.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk and to debrief the staff involved.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People told us they were happy with the care provided. One family member told us, "The carers are always on time they are friendly if there was a problem the office would call if the usual carer is on holiday another carer comes there is a care plan in the house the carers are always respectful and even though I don't receive the care they are pleasant to me and listen if I have any concerns about my loved one that means a lot to me."
- People and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. One person told us, "They introduce themselves and also speak to my husband to make sure he is included they make me a drink and they make my husband one to nothing is too much trouble."
- The service ensured people met the staff member before any care was provided so people were assured and comfortable about who would be attending to their needs. One family member told us, "I will have already met them I would never have anyone I haven't met before." One staff member told us, "Should we have a new client. The office always does an introduction visit so we can meet the clients first and discuss what the needs are so we can provide a consistently of care."
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes from the care and support. One staff member told us, "I feel getting to know my clients is very important. Each clients have a care plan which gives details of their lives, history, employment and interests which is very important when engaging and supporting them."

Staff support: induction, training, skills and experience

- People and their families were completely satisfied with the carers and complimented them on how knowledgeable they all were. One family member told us, "All the carers are well trained and know what to do." Another family member said, "We have a team of 3 carers each one of them knows their job and are well trained. When a new person comes, they have already been introduced to us."
- New staff completed an induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff told us the induction helped to prepare them for their role. One staff member told us, "100% yes because it made me feel supported and confident in my role as a carer". Another staff member said, "As a new member of staff my colleagues have been fabulous, patient and supportive towards me making a new role for myself less daunting and welcoming."

- Staff had access to a range of training to develop the skills and knowledge. One staff member told us, "Training is mainly online and covers aspects that are important in my role. The company also have workshops with face to face training in the office." Another staff member said, "I can definitely, confidently, say all the training I have received has played a pivotal role in making me a carer."
- Staff were provided with supervisions (one to one meetings) with their line manager. These provided an opportunity for the manager to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People were supported at mealtimes to access food and drink of their choice. People who required support with their meals were happy with the support provided. One staff member told us, "I support both my clients with meal preparation and when I ask them, I give them a rundown of options on what they could have to eat." Another staff member said, "The client I have we have to freshly prepare the meal and choose for them but still ask them if the meal is what they would like."
- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs. Staff were provided with a marker pen as part of their induction so they could label food with the date it was opened so that it could be disposed of safely if not eaten.

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

- People told us staff supported them to access healthcare services. Records showed health professionals were accessed when needed and the service took appropriate action to keep people safe.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives told us staff asked for consent before providing care. One staff member told us, "It is important that clients are able to make their own decisions and given choices."
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with felt staff were caring. One person told us, "I couldn't manage without their help. I look on the regular carer as a friend and enjoy their company all the carers are so kind and always ask if there is anything else they can do before they leave. They are extremely polite, and I have no concerns if I wasn't happy with something I would ring the office and feel pretty certain they would sort it out for me."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "The colleagues I have met have come across as very caring towards our clients putting their needs first and listening and being patient with clients."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. One staff member told us, "I feel like I know both my clients very well because I have got to know more of their interests over time, and anything they don't like, plus both of the clients do like to talk about certain points in their lives."

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

- People told us they had been involved in discussions about their care and how this was to be provided. Records supported this. One family member told us, "The carers are excellent company and very professional we were given the choice of male or female carer my loved one prefers a female carer they always stay their allotted time and ask if there is anything they can do for us, they are all willing to do anything. When we started with the company the manager introduced themselves, they came to the house and are very approachable and willing to listen."
- Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and dignity. One family member told us, "I would say the carers are empathetic and respectful and flexible as each day can be different." A person's representative told us, "The carers are kind and caring and genuinely show signs of kindness and are patient."
- Staff were aware of the importance of treating people with dignity. One staff member told us, "It is important that the client's dignity, respect, privacy and independence is promoted all times. Example. Hygiene and personal care. Drawing the curtains in the bedroom, shutting the door so client has privacy to get dressed without the outside world looking in. Let them choose their own clothing. Respect personal space. Be respectful to them at all-times. Supporting them to make their own choices including their own care."
- Staff told us how they promoted independence. One staff member told us, "I would ensure that my clients had dignity, respect, privacy and independence by listening to my clients wishes and respecting my client's

choices. For example, if a client wanted to take a shower, I would give them options for me to assist them during the shower or say you can take your shower independently. If the client did decide to take the shower independently, I would respect their privacy and go into another room to do another activity for the client however I would make sure the client knows I would be available if they needed me."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received individualised care which met their needs. The service worked in a person-centred way to meet the needs of people and care plans were person centred. Staff were passionate about the people they cared for and understood person centred care.
- Staff supported people to maintain their interests. For example, they were helping 1 person with their mobility so they could access the community. One person told us, "They are all good and very skillful in what they do they encourage me to do my exercises and even did them with me at first, now I know what I am doing they watch me, they also help me with my mobility if the weather isn't too bad they support me by walking 200/300 yards outside they make sure that I am stable I enjoy doing this as it gives me the exercise I need."
- The provider regularly reviewed people's care to ensure that their care plans met their needs. One person told us, "The manager is supportive and regularly reviews my care package they visit at home." Records seen showed positive responses about the care provided.
- When we visited the service, nobody was receiving end of life care, but staff had been trained to provide this should this be needed

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- As part of the assessment the provider ensured Information was accessible for all people using the service. For example, by providing information in larger print font if required due to sensory loss and ensuring good communication techniques when speaking to people with a hearing loss.

Improving care quality in response to complaints or concerns

- Everyone we spoke with knew how to complain if they needed to. They were all comfortable in speaking to either the manager or the deputy manager if they had any concerns and all felt they would be listened to.
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their families were happy with the service and they all told us they would recommend the service to others. One person told us, "I would recommend Home Instead to anyone and do not know anything they could improve." A family member told us, "Communication is very good. I can't stress enough how helpful and supportive they have all been whenever I have rung the office someone always gets back to me and I would recommend Home Instead". Another family member said, "I feel they are a very good company and have recommended them to my friends."
- People received person-centred support. One person told us, "I like the fact they are so flexible if I feel I need more help I would contact the office and they would arrange it. I have attended the local coffee morning which is held in the church hall the carer collects me and takes me in their car and helps me into the wheelchair. I have a copy of the care plan in the house the carers are all familiar with how I like things done and I am very happy with everything."
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made for the quality and safety of the care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were happy with the management at the service. A representative told us, "I feel that we have the best care package and carers in place, we have people around that care and understand are flexible. I would definitely recommend Home Instead."
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and responsibilities and how they contributed to the overall success of the service.
- Most staff told us they felt supported by management. One staff member told us, "I feel very supported by my managers if I have any concerns or suggestions, I feel I am listened to, and any thoughts or ideas are taken on board". Another staff member said, "I feel well supported and any concerns I have are listened to and acted upon."
- The provider and senior staff used a series of audits to monitor the service. These included audits of medicines, care plans and risk assessments.
- Governance meetings were held with senior staff to ensure the service was meeting the regulations and any improvements required were incorporated into an improvement plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people using the service. Regular reviews took place to ensure people were happy with the care. Records showed positive interactions.
- The provider held regular meetings with the staff to discuss any concerns. These included office meetings, daily huddles, team meetings and person specific meetings. These informed staff of any updates on people's health and training opportunities. Records of meeting minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly.
- One staff member told us, "There have only been 2 team meetings since I started however, I am aware it is going to be more frequent under our current manager. I have been able to attend both meetings and I can definitely say they are very useful".
- Staff enjoyed working for the service. One staff member told us, "I feel morale is good with the colleagues I work well".
- Now that there were more people using the service, the provider was planning to gather feedback from people or their families through the use of a quality assurance survey. A recent staff survey completed at the end of 2022 showed positive results.
- The service worked in partnership with local health professionals such as the district nursing team. A health professional told us, "They have demonstrated excellent partnership with other organisations to ensure integrated care of their clients".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware to notify CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment if people came to harm.