

Bevington Care Services Limited

# Home Instead Barnet

## Inspection report

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16 November 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Home Instead Barnet is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to predominately older adults with physical disabilities or those living with dementia.

Not everyone using the service receives regulated activity; 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. At the time of this inspection the service was providing personal care services to 22 people.

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

Feedback from people who used the service, their relatives, and staff was consistently positive.

People felt safe, and the service met their care and support needs. The provider developed care plans with people and their relatives that set out their likes, care preferences and communication needs.

The provider assessed and planned for any to risk to people's safety and wellbeing. Staff supported people with their medicines safely. There were systems in place to help protect people from abuse and to investigate and learn when things went wrong.

People were usually visited by the same care workers who they were on time and familiar with their care needs. There was a positive culture and staff were very proud to work for the provider. Staff were empowered to achieve the best outcomes for people through a supportive teamwork approach to their work.

Staff received training and regular supervision and felt supported in their roles by the registered manager and office staff. There were recruitment processes in place to help make sure only suitable staff were employed.

There were audit systems in place to monitor the quality of the service and identify when improvements were required. People and staff were asked to give feedback about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

At the last inspection we rated this service Good. The report was published on 10 August 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, and Well Led. For those key questions not

inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

# Home Instead Barnet

## 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 conducted by 1 inspector and 1 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.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 13 November and ended on 23 November 2023. We visited the location's office on 16 November 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who work with the service. 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. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 4 care staff and the nominated individual. We looked at a range of care records, including 3 people's care and risk management plans, 3 staff recruitment files, and a variety of records relating to medicines support and the management of the service. We also spoke to 7 relatives and 3 people who used the service by telephone.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- There were processes in place to assess and support people to manage risks to their safety and well-being.
- Care and risk management plans recorded various risks to people's well-being such as their medical condition, falls and mobility issues. Plans set out actions to mitigate these risks and the registered manager ensured these were reviewed. There was information for staff about people's health conditions to help them recognise and respond if a person became unwell.
- Environmental risk assessments were also in place
- People and relatives told us they felt safe with staff and their care. Comments included "My loved one feels very safe the carer lets themselves in using the key safe and always make themselves known to my loved one when they have finished, they make sure the door is locked and the key is returned to the key safe." And "we trust the carer and she always feel safe."

### Systems and processes to safeguard people from the risk of abuse

- There were processes in place to protect people from harm and the risk of abuse.
- Staff and the registered manager understood how to recognise and respond to safeguarding concerns and completed training on this. Staff we spoke with felt confident senior staff would listen to any concerns they raised.
- The registered manager promoted staff safeguarding awareness during supervisions and team meetings.

### Staffing and recruitment

- There were sufficient numbers of staff to keep people safe.
- People told us their care visits were usually on time and had never had any missed calls. A person told us "Time keeping is very good and they have never not turned up."
- We saw the provider monitored staff timeliness through an electronic call monitoring system and recorded and investigated any late care visits. The provider reinforced punctuality and late care visit reporting procedures with staff at team meetings and supervisions.
- Care coordinators arranged care visits for staff near where they lived where possible to minimise the risk of travel disruptions. Care staff told us they were always given enough time to travel between visits.
  - The provider sought to adapt care visits to suit people's needs when required. A relative told us, "I'll ring the office to ask if they can change the times of the visits and they will always accommodate."
- People were usually visited by the same staff at regular times and the majority of staff had worked for many years at the service. This provided people with continuity of care. A person told us "My carer is excellent I have had the same carer for a long time. I prefer a male care and "he makes the best fry up in the world "He is polite and considerate nothing is too much trouble he will do anything; he always asks is there anything else I can do for you. I love his visits."
- Staff told us they felt supported in their roles. They received regular training, including annual refresher

sessions, supervision and competency checks so they could support people appropriately.

- The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. This included establishing their employment history and completing Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- The service had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, masks, gloves and aprons. This helped to minimise the risk of infections spreading.

#### Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives expressed confidence that the service was well run. We received comments such as, "In my opinion the service is well run and I would recommend them to anyone." and "I would describe Home Instead as very considerate to service users, they work around their needs and are flexible and supportive."
- Staff were clear about their roles and responsibilities. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- Staff told us they felt well supported, felt valued and praised the managers of the service 1 staff member told us, "They are extremely supportive and always check on our well-being".
- Staff consistently described a positive, supportive, and inclusive culture within the service.
- Results from audits, investigations, spot checks and surveys were used to improve the quality of care at the service
- The registered manager was aware of their responsibilities under the duty of candour and around notifying the CQC. They had submitted all required notifications.
- Staff received a monthly newsletter and were given special recognition awards for achieving recognised social care qualifications and long service.
- Staff were supported using performance feedback, such as supervision and appraisals and provided with opportunities for further learning and development to help further enhance the delivery of safe care and support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People using the service and relatives told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements. A person told us, "Home Instead is well managed its good company they listen to you everything is running smoothly and there isn't anything I

would change."

- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs. There were a number of staff who spoke a variety of languages to provide culturally sensitive support.

#### Continuous learning and improving care

- The service improved care through continuous learning
- There were quality assurance processes in place. Various audits were conducted by the registered manager including audits of medicine records, daily notes, and infection control practices, while care plans and risk assessments were subject to regular review.
- There was evidence of learning from incidents. Investigations took place and appropriate changes took place and appropriate changes were implemented.
- Team and management meetings were used to share good practice ideas and problem solve.
- The number of missed calls were kept to a minimum by regular audits and an Electronic Call Monitoring system, Everybody we spoke to told us they had not had any missed calls.

#### Working in partnership with others

- The registered manager and staff worked closely with other professionals to promote positive outcomes for people.
- Staff gave us examples of working in partnership with a range of health and social care professionals
- The service also worked in partnership with Barnet Council and Age UK Barnet to produce a dementia information leaflet and also delivered dementia information sessions to Barnet councillors and dementia training to volunteers in Age UK.