

Redshank Senior Care Services Ltd

Redshank Senior Care Services Limited t/a Home Instead Senior Care - Suite 2 Technology House

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

The inspection visit at Redshank was undertaken on 03 August 2016 and was announced. 48 hours' notice of the inspection was given to ensure people who accessed the service, staff and visitors were available to talk with us.

Redshank provides personal care assistance for people who live in their own homes. The service supports younger adults; older people; and people who live with physical disabilities, sensory impairment, dementia or a learning disability. At the time of our inspection, Redshank was supporting 85 people.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 19 and 25 November 2013, we asked the provider to take action to make improvements to care planning and risk assessment processes. We requested they reviewed their recordkeeping to achieve consistent and up-to-date care plans and risk assessments.

During this inspection, we found improvements in care plans and risk assessment were completed. People who lived in their own homes said they felt safe and secure when staff assisted them. One person said, "Carers always identify themselves before they come in." Staff demonstrated a good understanding of safeguarding principles and knew who they should report concerns to.

People and relatives told us there were sufficient staff numbers to undertake their agreed care packages. They said consistency of staff was maintained to build supportive relationships. Records we reviewed evidenced staff received supervision and training to underpin their roles. We found the registered manager followed safe procedures to ensure suitable staff were recruited. A relative we spoke with confirmed new staff were properly inducted and added, "Someone new always comes along with another carer who knows my [relative]. It helps them, but also reassures me."

Staff were provided with medication training and we found they were knowledgeable about related procedures. Where support was agreed as part of people's care packages, this was care planned and risk assessed to manage their medicines safely.

Staff had a good appreciation of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Care records we reviewed contained evidence people had signed their agreement to care and support.

We found care planning was based around people's preferences about their care packages. They told us staff were responsive and met their needs with a personalised approach. We noted complaints were

managed within established timescales and the registered manager provided people with information about raising concerns.

People and their relatives said staff were caring and kind when they provided their care packages. A relative stated, "The staff are kind and pleasant." Care planning was geared towards assisting people to maintain their independence and lead meaningful lives.

People who accessed Redshank told us they felt it was well managed and organised. The management team sought people's views in order to assess quality assurance as a part of the ongoing development of the service. A relative told us, "[My family member] has done a survey, so I know she gives her feedback." Staff added they enjoyed working for Redshank and had confidence in its management. One staff member stated, "I have no worries about working for Redshank. I really enjoy helping people and they've given me that opportunity." The registered manager completed a range of audits to assess quality assurance, as well as people's welfare.

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 told us they felt staff provided their care with a safe approach. Staff demonstrated a good understanding about safeguarding procedures to protect individuals from abuse.

People said there were sufficient and consistent staff numbers to maintain their care packages. The registered manager followed safe procedures to ensure suitable staff were recruited.

Staff were provided with medication training and we found they were knowledgeable about related procedures.

Is the service effective?

Good ●

The service was effective.

The management team had oversight of staff effectiveness through supervision and training provision.

Staff had a good appreciation of the principles of the Mental Capacity Act 2005. We observed staff explained tasks to people and checked their agreement prior to supporting them.

Is the service caring?

Good ●

The service was caring.

We observed staff were kind and polite when they engaged with people who lived in their own homes. They worked collaboratively with people and their representatives.

Care planning was geared towards assisting people to maintain their independence and lead meaningful lives.

Is the service responsive?

Good ●

The service was responsive.

People and their representatives said staff were responsive and met their needs with a personalised approach. Care files

contained assessments of their needs to ensure the service was suitable to maintain their care.

Redshank offered a minimum of one-hour care packages to give staff time to talk with people and participate in activities.

We found the registered manager followed their complaints policy when resolving people's concerns.

Is the service well-led?

Good ●

The service was well-led.

Staff, people and relatives told us they felt Redshank had good leadership and organisation. Staff said the management team was supportive and approachable.

The registered manager completed a range of audits to assess quality assurance and people's welfare. The management team checked staff, people and relatives' experiences.

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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.

The inspection team consisted of two adult social care inspectors.

Prior to our unannounced inspection on 03 August 2016, we reviewed the information we held about Redshank. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes. We checked safeguarding alerts, comments and concerns received about the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included four people who accessed the service, two relatives, the provider, the registered manager and four staff members. We discussed the service with the local authority who told us they had no ongoing concerns about Redshank.

We also spent time looking at records. We checked documents in relation to four people who had received support from Redshank and two staff files. We reviewed records about staff training and support, as well as

those related to the management and safety of the service.

Is the service safe?

Our findings

People and relatives who accessed Redshank said they felt staff were experienced and helped them to keep safe within their own homes. One person stated, "I wouldn't be with them if I didn't feel safe and happy." Another individual added, "I feel safe and better in myself." A relative told us, "Yes, my [relative] is safe when he's being supported, which is reassuring for me."

The registered manager had suitable arrangements to manage accidents and incidents that occurred within people's own homes. This included details of the incident and actions staff undertook to manage it. This demonstrated the management team acted upon accidents to minimise the risk of them reoccurring.

We found the registered manager completed risk assessments to guide staff to reduce the risks to people of receiving unsafe support. Assessments covered risks associated with, for example, physical and mental health, nutrition, medication and personal care. Other documentation guided staff about maintaining a safe environment, including fire safety, whilst accessing people's own homes. We found details included the level of risk and actions to maintain each person's safety.

Staff demonstrated a good understanding about safeguarding and whistleblowing procedures to protect people from abuse or poor practice. They were aware of signs to identify potential abuse and reporting procedures. One staff member explained, "I would report immediately any concerns to the manager, social worker and CQC." A person who accessed Redshank said they were certain that, "The staff would never be rough." We checked staff records and saw employees had received safeguarding training.

The registered manager told us they had a three point system to match staff to people's needs and interests. This covered staff availability, personality and location. The registered manager said, "I go out and assess all potential clients to gain as much soft information as possible so that I can find a match that fits." Consequently, they maximised opportunities to achieve consistency of staff. People and relatives told us there were sufficient staff numbers to meet their requirements. One person stated, "I have the right amount of staff and the carers who attend me are consistent. That's important to me because they can get straight on with it. They know all my little quirks."

The registered manager told us there had been no missed visits over the past year because staffing levels were managed safely. For example, failsafe back-up arrangements were in place whereby senior staff attended to an individual's needs if employees called in sick. Additionally, staff had spaced visits in their rotas, which meant lateness was kept to a minimum. One person confirmed, "They are never late." The registered manager told us they monitored staff timekeeping very closely. They added, "We see patterns that develop beyond 'one-offs', so we'll discuss this with staff in their supervision." This showed the registered manager had suitable arrangements to ensure people received their agreed care on time and with staff they trusted.

We found the registered manager followed safe procedures to ensure suitable staff were recruited, including checks of gaps in their employment history. Records we reviewed included references and criminal record

checks obtained from the Disclosure and Barring Service (DBS). Staff we spoke with confirmed the management team had obtained their DBS and references before they started in post. They said their recruitment and induction was professional and thorough. One staff member explained, "My recruitment was very good and the induction was really intense."

The registered manager had suitable systems to ensure the safe management of people's medicines. Where related support was a part of the person's agreed care package, we saw staff completed records accurately. For example, required support was care planned and risk assessments were in place to manage people's medicines safely.

Staff were provided with medication training and we found they were knowledgeable about related procedures. The management team undertook regular medicines audits to assess staff competency and the safety of related procedures. We noted identified issues, such as missing signatures, were followed up through discussion with the staff member in their supervision.

Is the service effective?

Our findings

People we spoke with told us staff were effective and well trained when they were supported in their own homes. One person stated, "They know what they're doing and how to move me about." Another person added, "The best agency I have had. The girls and lads are very good." A relative said, "In my opinion the staff seem well trained and experienced."

The registered manager ensured all staff completed the care certificate. This training covered, for example, person-centred care, communication, dementia awareness, first aid and environmental safety. We observed the management team recognised staff learned in different ways and, therefore, provided a variety of training methods. This included face-to-face presentations in the office's designated training room, as well as computer-based learning. One staff member told us, "We have lots of refresher training. It gives me confidence in my abilities and work." Another staff member said, "Care is always a learning curve and I get good training. It has helped me feel confident in my role."

We found staff received regular supervision to assist them in their development. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. We looked at related records and noted staff competency checks were also in place. These showed the management team discussed staff strengths and training needs and gave them oversight of their effectiveness. For example, the registered manager said they reviewed patterns in poor timekeeping. They told us, "It might be that they're struggling working a certain shift, so we'll be supportive and flexible around this." Staff confirmed the management team provided effective and supportive monitoring of their roles and responsibilities. One staff member stated, "They do spot checks, which I'm ok with. Care is always a learning curve."

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. We discussed the MCA with staff, who showed a good understanding. One staff member said, "Clients sometimes say, 'what do you want to do?' I always say it's about what you want to do. I can encourage, but I never take over." A person who accessed Redshank added, "They do follow my instructions and don't ever take over."

Care records we reviewed clearly evidenced people had signed their agreement to care and support. This included the terms and conditions of their care packages, care planning, risk assessment and review of their support. Staff had an effective awareness of the principles of consent. We observed staff consistently explained tasks to people and checked their agreement prior to supporting them. One staff member told us, "I try to support people to maintain an independent life. Helping clients to make decisions is a huge part of that." A person who accessed the service said, "They check if it is ok to do anything before they help me."

Staff supported people to meet their nutritional needs and monitored them against the risks of malnutrition

and dehydration. This included, where agreed as part of their care packages, nutritional risk assessments and monitoring of their weights. We found staff had a good appreciation of food hygiene when they prepared meals. Training records we looked at evidenced they received food hygiene training. One person told us, "The standard of cooking is good and the carers wash their hands before and afterwards."

Care records we reviewed held information about other healthcare services involved in people's support. Staff had documented when individuals were supported to access, for example, community nurses, GPs and social workers. Files contained healthcare professional contact details to inform the office and keep people who lived in their own homes up-to-date. Staff understood the importance of good communication in assisting people to access other services to maintain their continuity of care. A relative confirmed, "If staff notice any pain or sore areas they always pass it on then we get the right support quickly, like from our doctor."

Is the service caring?

Our findings

People and their relatives said staff were caring and kind when they provided their care packages. One person told us, "Staff have all been lovely." Another individual who accessed Redshank said, "The two girls who come here are extremely polite, caring and patient with me." A relative stated, "It's an absolutely fine service. My [relative's] carer is lovely and my [relative] really likes her." Another relative added about Redshank, "There's a good vibe. It's a very good service."

We observed staff were kind and polite when they engaged with people who lived in their own homes. Staff interacted with individuals they supported with appropriate use of touch and humour. One person told us, "We have a laugh, humour is so important." Staff had a clear understanding of each person's preferred routines and support methods. Redshank only offered a minimum of one-hour care packages. They did this to ensure staff had time to talk with people and gain a meaningful relationship with them. A staff member said, "For me it's about companionship. It's the gradual process to build that bond with clients." A person who accessed the service stated, "They stick to the same people. I trust them because I have got to know them." A relative added, "The staff are very pleasant."

We discussed the principles of privacy and dignity in care with staff and found they had a good awareness of related principles. For example, a staff member told us, "Dignity and respect are the absolute main things. It's treating people as I would want to be treated myself." We observed staff were respectful when they engaged with individuals and checked their needs prior to supporting them. A relative added, "My [family member] is respected and well cared for."

Care records we looked at contained evidence staff worked collaboratively with people and their representatives. For example, individuals signed their agreement to care planning and risk assessment. A relative confirmed, "I am involved in my [relative's] care as much as I want to be. [My relative] is fully involved in her care plan." The registered manager also sought and documented each person's preferences and wishes in relation to how they wanted to be supported. A staff member told us, "It's learning to listen and providing care in the way the client wants it."

Care planning was geared towards assisting people to maintain their independence and lead meaningful lives. Records we reviewed informed staff they must check with the person how they liked to be assisted. This included support actions to guide staff to enhance people's self-reliance. A relative told us, "[My family member] is very independent and I know the staff follow her instructions well." Additionally, hobbies were recorded and we observed staff engaged with individuals in ways that demonstrated they understood what people were interested in. We noted staff recorded in a person's daily logs, '[One person] did not want a shower, so we had a nice chat instead.' This evidenced the staff member supported the individual's wishes as well as provided them with social engagement.

We saw information was held at each person's home about how the service would maintain their confidentiality. This included details about data protection and how staff and the management team would maintain records securely. We noted people's documentation was stored safely.

Is the service responsive?

Our findings

People and their representatives said they felt staff were responsive and met their needs with a personalised approach. One person said, "They do things as I would wish them to be done." Another person added, "If I need to change times they are obliging." A relative added, "They respond to concerns immediately and very well."

We found care files contained assessments of people's needs to ensure the service was suitable to maintain their care. Additionally, the documentation covered each person's ongoing support to maintain continuity of care. Evaluations covered, for example, personal care, medical conditions, mental health, mobility, nutrition and home safety. Care planning and risk assessment was based upon the individual's requirements, which personalised their care and not the needs of the service.

The registered manager had recorded each person's life histories. The details informed care planning and people's preferences about their care packages. For example, we saw choice was checked in relation to their name, hobbies, interests and how they wished to be supported. A theme that ran through care records was based upon staff asking people on each visit what they required. Throughout each care plan, the registered manager recorded staff should always ask people first about how they wanted assistance.

Staff, a member of the management team and the person at the centre of their care signed and dated their records. Likewise, we saw records held information to confirm people and their relatives were involved in the review and update of their support. They signed amended documentation to demonstrate their agreement to their continuity of care. Staff contacted the office to notify them of changes so that care plans were updated to information held at the person's home. One staff member told us, "We communicate well with each other between visits. We record any changes to ensure the client's care is current."

People we spoke with told us their care was personalised to their needs. They said staff checked their preferences about their care and consistently offered them choice. A staff member explained, "The client is in charge and I make sure I respect that. It's their right to have things 'just so'." The registered manager assessed each person's requirements so staff with a similar personality and interests could be assigned to support them. They added, "As an example, one person said she enjoyed baking but had not done this for five years. I knew one of our staff really enjoyed baking so they now work together." This showed the registered manager maximised opportunities for staff to gain an understanding of people, build strong bonds and provide consistent care.

Additionally, the sharing of interests helped staff to support individuals with their social skills and activities. Redshank offered a minimum of one-hour care packages to give staff time to talk with people and participate in activities. The registered manager told us, "It really helps to build those all-important relationships." Staff told us they supported people in their own homes to maintain their social requirements through activities and meaningful conversations. Staff had a good understanding of how important this was to the individual's welfare. One staff member said, "We feed the ducks or we might go to the zoo. I always ask, 'where do you want to go.' I try to support clients to have a meaningful life." Care records included an

assessment of the individual's social support needs. For example, we saw staff recorded actions in one person's plan to enable them to, 'enjoy a fulfilling lifestyle of choice and maintain regular contact with friends.' A relative told us, "I'm reassured [my relative's] happy with her relationships with the carers. That's really important."

We found the registered manager followed their complaints policy when resolving people's concerns. We looked at the only complaint the service received in the last year and saw the management team took appropriate action. They maintained a log of the concern, their response and the outcome. The complaint was managed within established timescales and the registered manager undertook duty of candour by formally apologising. There was a positive outcome from this in that the complainant stated they were happy to continue with their care package. One relative told us they felt listened to and added, "I contacted the office because we started getting different staff. They addressed that quickly and now it's much more consistent."

Is the service well-led?

Our findings

Staff, people and relatives told us they felt Redshank had good leadership and organisation. One person said, "The manager is very good and I have confidence in her." Another person added, "The office call me all the time to see if everything is ok." A third person stated, "A very well organised service. We have good points of contact if anything goes wrong." A staff member told us, "They are strict, but fair as well. It gives me confidence that I'm part of a good company."

We reviewed how the registered manager supported staff and we discussed this with employees who worked at Redshank. One staff member told us, "The managers and office staff are really supportive." Another staff member added, "[The management team] are very friendly and approachable. Whenever I'm at the office I feel comfortable with them." We observed staff and management worked closely together to maintain people's welfare and care requirements.

People were supported to feed back their experiences of care to Redshank. For instance, the management team visited or telephoned individuals to complete 'Client Quality Assurance Forms'. This process checked how people felt about, for example, office staff, staff compatibility, dress code, staff attitude and their timeliness. Comments seen included, '[My relative] is over the moon about his care,' and 'My big thanks to all the wonderful people at Home Instead.' The provider sent out additional surveys that could be anonymised to protect people. Responses were positive and comments included, 'Very good service', 'I'm very happy with everything' and 'Wonderful organisation.' We found evidence the registered manager analysed and compared surveys from previous years to identify themes and areas for development. Additionally, they showed us 'thank you' cards from people and relatives who accessed Redshank. We saw individuals and their representatives had written, 'Thank you so much for all the support you have given to myself and [my relative]'. Another comment was, 'We could not have managed without you.'

Redshank also utilised an external agency to assess the quality of the service. This was completed anonymously and checked staff feedback in relation to their experiences of working at the service. We saw analysis from 24 staff showed favourable responses related to recruitment, training, support, leadership, being valued and pride in their work. Comments seen included, 'I feel that the training is well delivered,' 'Learning new skills on the job all the time' and, 'The [management team] are always willing to listen.'

The registered manager held team meetings every three months. We reviewed minutes from the previous two meetings and found areas covered included protocols, procedures, sickness cover, recordkeeping and forthcoming events. Guest speakers were also invited to give staff training and understanding of external services. Recent presentations were from the Women's Royal Volunteer Service and a local community agency. One staff member told us the meetings were helpful ways to share good practice. They added, "We do have regular meetings. The managers really do encourage us to come up with ideas about how we can grow and improve."

The registered manager completed a range of audits to assess quality assurance, as well as people's welfare. These covered, for example, care planning, complaints and medication. We found evidence where issues

identified from the audits were acted upon in order to improve people's experiences. For instance, a member of the management team found a staff member had used slang words in daily records. We saw this was discussed with the staff member in their supervision. This showed the management team monitored service quality and safety.

We saw Redshank had received a positive newspaper review. This related to action the registered manager had taken to support community services in the holistic approach to maintaining people's safety. They had implemented fridge magnets in people's homes to enable paramedics to locate care records instantly in an emergency. The management team informed ambulance services about this and the new system meant they enhanced people's welfare in urgent situations.