Greenwich Care Ltd

Home Instead Senior Care, Greenwich & Bexley

Inspection report

Unit 7, The Gateway
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London
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31 May 2016

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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

We carried out this inspection on 31 May 2016 and the inspection announced. The provider was given 48 hours' notice because the location provides a domiciliary care service who are often out during the day; we needed to be sure that someone would be in.

Home Instead Senior Care Greenwich and Bexley provides care and support including personal care to people in their own homes. At the time of our inspection there were 20 people using the service.

The service had a registered manager. 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 regulation about how the service is run.

People received their medicines safely. The service had systems in place to ensure people's medicines were administered in line with their prescriptions. People who required prompting with their medicines had their needs clearly documented in their care plans. Staff received training in safe medicines management.

People's health care needs were documented and updated to reflect any changes. Care plans were person centred and detailed peoples health needs, preferences, history and mobility needs. Where possible people were encouraged to participate in the development of their care plans.

People were protected against the risk of abuse. Staff were aware of the different types and signs of abuse and demonstrated sufficient knowledge on how to report any concerns of harm and abuse. Staff received training in safeguarding adults. People were protected against identified risks. Risk assessments were in place that documented the identified risk, level of risk and the support method to minimise the risk.

Staff had adequate knowledge of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] and their legal responsibility in supporting someone whose capacity was fluctuating. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and 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.

People were encouraged to make decisions about the care they received. Staff were aware of the importance of ensuring people's consent was sought and respected prior to care being delivered. People were offered choices in a manner they understood.

The service had robust procedures in place to ensure suitable staff were employed. Staff personnel records

contained, Disclosure and Barring Services [DBS] checks, three references, proof of address and photographic identification. Staff received a comprehensive three day induction process that set out their roles and responsibilities. Staff received on-going support through shadowing experienced staff and were required to complete a set of work based competencies, prior to working unsupported. There were adequate numbers of staff available to meet people's needs.

People received care and support from skilled and knowledgeable staff. Staff underwent training to ensure they had the knowledge to support people effectively. Training included, safe medicine management, MCA, DoLS, safeguarding and first aid. Staff were able to request additional training should they feel it was needed.
People received support from staff that reflected on their working practices. Staff received supervisions from the registered manager. Supervisions looked at what staff did well and any areas required for improvement. Staff felt they were able to speak with the registered manager at any time and not just during scheduled supervisions, if they required support and guidance.

People were protected against social isolation. Staff were aware of the impact social isolation could have on people and how to recognise the signs. Staff could identify the appropriate action to be taken should they suspect someone was at risk of social isolation. People attended activities which reduced this risk.

The registered manager operated an open-door policy. People, their relatives and staff could meet with the registered manager at any time. People found the registered manager approachable and available.

The registered manager and provider carried out audits of the service to ensure people, staff and the environment was safe. Quality assurance questionnaires were sent to people and their relatives to gather feedback on the service and drive improvement. People were aware of the correct action to take should they wish to raise a concern or make complaint. The service had systems in place to manage complaints to ensure positive outcomes for the complainant.

People had access to sufficient amounts of food and drink. Staff were aware of the signs of malnutrition and dehydration and how to effectively respond should they suspect someone was at risk.

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 were protected against the risk of harm and abuse as staff had sufficient knowledge on how to recognise and report suspected abuse. Staff had received safeguarding and whistleblowing training.

People were protected against known risks. The service had robust systems in place to manage identified risks. Staff were given clear guidance on how to respond to and minimise those risks.

People's medicines were managed in line with good practice. Staff received training in safe medicines management.

The service had undertaken the necessary checks to ensure staff were safe to work. People received support from suitable numbers of staff who met their needs.

Is the service effective?

Good

The service was effective. People were not at risk of having restrictions placed on their liberty as staff demonstrated sufficient knowledge of the Mental Capacity act 2005 [MCA] and deprivation of liberty safeguards [DoLS] legislation.

People's consent to care was sought prior to support being delivered.

Staff were supported to undertake relevant training and to reflect on their working practices through supervisions and appraisals.

People were supported to access sufficient amounts to eat and drink throughout the day.

Is the service caring?

Good

The service was caring. People received support from staff that were compassionate and knew people's needs and how to meet them.

People's dignity was respected and encouraged. Staff were aware of the importance of maintaining people's confidentiality

at all times.

People were provided with information about what was happening in a manner they preferred and understood.

Is the service responsive?

Good

The service was responsive. People's care plans were person centred and detailed people's preferences, health needs and other vital information for staff to support them.

People were encouraged to make choices about the care and support they received. People's choices were respected.

People were encouraged to raise their concerns and complaints without fear of reprisal.

Is the service well-led?

Good

The service was well-led. The registered manager operated an open door policy whereby people, their relatives and staff could access the manager at a time that was convenient to them.

The registered manager encouraged partnership working.

The registered manager carried out audits of the service to ensure care plans, risk assessments, medicine administration and the health and wellbeing of people was monitored.

Quality assurance questionnaires were carried out by the service, to gather feedback and drive improvements.

Home Instead Senior Care, Greenwich & Bexley

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 took place on 31 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service who are often out; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Prior to the inspection we looked at information we held about the service, including information other health care professionals had shared with us.

During the inspection we spoke to one care worker, the registered manager and the registered provider. We reviewed five care records, four staff personnel records, one medicine administration recording sheet [MARS] and other documents related to the management of the service. After the inspection we spoke with three people, two relatives and one care worker.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person told us, Staff help keep me safe". Another person told us, "They [staff] make me feel safe in my own home and I certainly look forward to them coming". A relative told us, "I do think the staff keep my relative safe and I have no concerns".

People were protected against the risk of harm. One person told us, "My carer's are aware of the risks relating to me". A staff member told us, "As soon as you go into someone's home and you identify a new risk you need to act immediately and report it to the registered manager". The service carried out detailed assessments of people's needs and recorded areas that identified people as being at risk of harm. For example, risk of falls due to mobility. We looked at people's risk assessments and found these to be comprehensive and gave staff clear guidelines on how to mitigate risks. Risk assessments were shared with people and where appropriate their relatives and were signed. The registered manager had a system in place for reviewing the risk assessments on a six monthly basis or when changes to people's needs and risk were identified.

People were protected against the risk of abuse. A staff member told us, "I have received safeguarding training, we [staff] are there to look out for people and keep them safe". Staff displayed knowledge of the different types of abuse and how people's demeanour may change as a result of harm and abuse. Staff were aware of the correct procedure in reporting any suspicions of abuse and the need for maintaining accurate records of any information shared. The service had comprehensive policies on safeguarding and staff received safeguarding and whistleblowing training.

People received their medicines safely and in line with their prescriptions. At the time of the inspection one person received support with medicine administration. One person told us, "Staff don't need to help me with any medicines. They [staff] check that I have taken the medicines out of my dosset box and if I haven't, they let me know and remind me to take them". Staff told us, "I support people to take their medicine and then recorded what's been taken". Another staff told us, "I prompt or remind people to take their medicine". We looked at one medicine administration recording sheet [MARS] which had been completed for the previous four weeks. The person's name, known allergies, medicine, dose, time of administration and route were detailed on the MARS. Staff had signed the MARS to confirm medicines had been administered, however where the person was in hospital the MARS had not been signed. We spoke with the registered manager and the provider who explained that they would be reminding all staff to ensure that when medicines had not been administered, the key code system would be used.

The service had processes in place to learn from accidents and incidents. A staff told us, "You check the environment every visit to ensure that it's safe and there have been no changes". At the time of the inspection the service had not had any incidents or accidents. However the registered manager was aware of the correct process in reporting her concerns and putting action plans in place to minimise the risk of occurrence.

People received care and support from staff that had undergone the necessary checks to ensure they were

safe to work at the service. We reviewed staff personnel records and found appropriate pre-employment safety checks had been carried out. For example, files contained disclosure and barring services [DBS] checks, three references, photographic identification and proof of address.

People were supported by sufficient numbers of suitable staff. People told us, "Yes, at the moment I believe I have the correct level of staff to help me. In the future this may change, but its satisfactory and working well for now". Another person told us, "I have enough staff who are able to meet my needs". The service needs assessment highlighted the level of staff required to support people and the registered manager had employed sufficient numbers of staff to meet people's needs. Where the service were short staffed, due to sickness or staff holiday, the registered manager carried out the calls to ensure familiarity and consistency of care for people. The service is a small domiciliary care agency and at the time of the inspection were carrying out interviews ensure they had a full compliment of staff.

Good

Is the service effective?

Our findings

People received care and support from staff that were skilled and knowledgeable in meeting their needs. People told us, "Staff indeed know what they're doing. They [staff] are definitely skilled". A relative told us, "The staff are knowledgeable". All staff underwent mandatory training for example, medicines administration, moving and handling, first aid, Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards (DoLS). Staff told us, "The training has been thorough. I have enjoyed it and learnt from all the training". Another staff told us, "I think there is enough training to help me to do my job". Staff told us they could request additional training should they feel it necessary. Training was classroom based, or with the registered manager on a one-to-one basis should staff join the service between scheduled training sessions.

The service ensured people were cared for by compatible staff who met their needs. The service matched people's needs to staff skills and interests. One person told us, "My carer shares my sense of humour and we have a good discussion about books and what's on the television". Another person said, "The [registered] manager is very fussy on the staff she employs. She [registered manager] works very hard, so that I got a carer that understands me". A relative told us, "Staff have a good laugh with my [relative] and laugh at [his/her] jokes. They [staff] get on with what they need to do and I leave them to it. I don't need to worry". The registered manager told us, during the assessment process people's needs are established and we then match staff to people.

People were supported by staff that had undergone a comprehensive and robust induction programme that covered all aspects of their role. Staff told us, "I found the induction very very useful. It helped me understand my role and what was expected". Another staff member told us, "The induction was over three days and was helpful. We looked at how to treat people with dignity and respect and how to ensure we cared for people in a way they wanted to be cared". The induction process was classroom based where staff were given information about their roles and responsibilities, it looked at key areas such as food and nutrition, infection control, MCA, DoLS and safeguarding. The induction gave staff an opportunity to understand how to deliver person centred care. Upon completing the induction staff were then shadowed by the registered manager and required to complete their competencies in medicine administration and health and safety before lone working. Staff told us, "Shadowing the registered manager was really helpful and she showed me how to do everything, it gave me confidence to do my job".

People received support from staff that reflected on their working practices. Staff told us, "I haven't had my supervision yet but I have one booked. I can meet or call the registered manager to discuss any concerns I might have. I can talk to her [the registered manager] outside of my scheduled supervisions". Staff received supervisions whereby they identified three things they needed to know more about, set objectives for the next supervision and discussed all aspects of their role. One supervision we looked at showed that the registered manager and the staff had reflected on areas of the induction they had undertaken.

The registered manager carried out spot checks on staff, to ensure their working practices were in line with the service policies. Spot checks looked at whether the care staff followed the care plans, if any tasks were left incomplete and if staff had prompted people's dignity and independence.

People received support from staff that had sufficient knowledge of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. 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 when this is in their best interests and legally authorised under the MCA. The service had comprehensive policies relating to MCA and DoLS.

Staff told us, "People may not be able to make decisions relating to their care. If they [people] lack the capacity to make an informed decision we then have a best interest meeting". Another staff told us, "It's another form of keeping people safe. Because someone's mental capacity fluctuates". Staff and the registered manager were aware of their responsibilities in line with MCA and DoLS legislation and the correct procedures to follow should they suspect someone to have fluctuating capacity.

People's consent was sought and respected prior to care being delivered. People told us, "If my consent is needed they [staff] always check. They [staff] seem to know what I need before I need it. But my permission is always sought". A relative told us, "Yes, they [staff] ask if [relative] wants help with personal care. They [staff] don't force [relative] they let [him/her] make their own decision and respect their decisions". Staff told us, "I would ask if they [people] would like some help. If they decline to give consent, I respect that. I don't force them, I just report to the registered manager they have declined".

People were supported to have sufficient amounts to eat and drink. People told us, "They [staff] prepare my ready meals and cook my vegetables to have with my meal. It's not a huge banquet but I have what I want. They [staff] always leave food within my reach". Staff were aware of the importance of ensuring people had access to food and drink throughout the day and how to report any concerns relating to malnutrition and dehydration

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the care staff. One person told us, "I used to be with another service and they sent lots of different staff. I'm now with Home Instead and they have been so incredible. They are so helpful and so kind and I could never have received better care from anyone else". Another person said, "The carers are very nice indeed". A third person told us, "They [staff] are the best thing since sliced bread". A relative told us, "It's the first time we have had a private care agency and I was so worried but I am really pleased with the care provided". Another relative said, "They [staff] help relative then they will ask me if there is anything they can do to help me. They [staff] tend to go the extra mile". People were pleased with the quality of care they received and the positive impact it had on their lives. One person told us, "They [staff] help me and I am more than satisfied with the care they provide". Another person said, "I couldn't be happier".

People were treated with dignity and respect. People told us staff always treated them with respect and promoted their dignity. Another person told us, "They [staff] knock on my door before entering, they respect my privacy". One person said, "Staff are really thoughtful about my dignity". One relative told us, "Staff absolutely treat [my relative] with dignity and respect, definitely". Staff were aware of the importance of ensuring people's dignity was maintained at all times, for example during personal care.

People's independence was encouraged by staff. One person told us, "Independence, if I can do it myself I do it, if not I ask for support. Staff help me to remain independent, they don't chase around me, they allow me to get on with what I'm doing". Staff told us, "If I'm helping someone, I always encourage them to do things for themselves. I will help them but I try to get them to do as much possible first". Staff gave examples of where they promoted people's independence, for example, when supporting them with personal care which was then documented in people's care plans. Records showed that people's level of need was assessed prior to the care package being offered. Care plans detailed what needs had been identified, what support was required and if these posed any identified risks. This meant that staff were aware of what level of support people required, so that they did not de-skill people.

People were encouraged to make decisions about the care and support they received. Staff gave people information in a manner they understood to ensure they could make informed decisions. People told us, "Staff communicate with me and let me know what's happening but they know what to do anyway". A relative told us, "They [staff] talk to [my relative] about what is going on and ask for [his/her] views and opinions". People confirmed that their decisions were respected by staff.

People's confidentiality was maintained. Staff were aware of the importance of maintaining people's confidentiality. One staff told us, "I wouldn't like everyone knowing my personal business, therefore why would anyone else. We only share information with people who need to know". Records the service kept were stored securely in locked cabinets in a locked office. Only those with authorisation could access people's confidential files.

Good

Is the service responsive?

Our findings

People received care and support that was person centred and met their needs. The service had care plans in place that gave staff information and guidance on how to care for people appropriately. Where possible people were encouraged to contribute and develop their care plans to ensure their wishes were adhered to. One person told us, "I've been involved in care plan development and it's quite a detailed form and I get to have a copy". Another person said, "Care plan – yes I have one and I have a book that explains what it is. I have read the care plan and I get the care that I need". Staff told us, "The care plans help us [staff] to know what it is we need to do to care for people. I look at the care plans on each visit to make sure I'm aware of any changes". Care plans were comprehensive and contained information relating to people's assessed needs, health needs, medicine, history, likes, dislikes and identified risks. We reviewed people's care plans and found these were updated regularly to reflect people's changing needs.

People were encouraged to make choices about the care they received. People told us, "Staff encourage me to make choices about the care I receive". Another person said, "They [staff] ask me what I'd like them to do and they do it. They see what's needed and do it anyway. I'm always very glad to see my carer". Staff told us, "We don't make decisions for people. not caring. We explain things to people and then they make the decisions about their care". Staff were aware of the importance of supporting people to make their own decisions and were respectful of their decisions. Records showed that people's preferences and choices related to the care they wished to receive were documented and staff implemented them.

People received unhurried care from staff at a time they chose. People told us, "The staff will always let me know if they are going to be late. Public transport can be a nightmare for them [staff]. Another person said, "On occasion they [staff] have been late, it's intermittent. But they always call me and let me know beforehand. Sometimes they are early but they always stay the full hour or stay a little longer". Another person said, "Staff aren't rushed or hurried and sometimes we have enough time to have a cup of tea and a chat". A relative told us, "They [staff] have a one hour minimum visit which I like". The registered manager told us the service operate a minimum one hour visit, this meant that staff were enabled to carry out their caring duties in a relaxed unrushed manner.

People were protected against the risk of social isolation and where agreed encouraged to access the local community. One person told us, "They encourage me to go out as and when I can. I can get nervous about going out, but the staff reassure me as best they can. We have similar interests we are very companionable". Another person said, "They take me shopping once a week and help you plan to ensure you have enough food to last the week". Staff told us, "If we are meant to support them to go out we will. Some people prefer to spend their time at home and that's ok, we keep an eye on them". Staff were aware of the importance of people integrating with the local community and how social isolation can affect people's health and well-being. Staff told us, if they had any concerns they would speak with the registered manager and relatives immediately.

People were encouraged to raise their concerns and complaints. People told us, "I have all the direct lines to the office and I am sure I know how to make a complaint if I have to. I would feel confident in making a

complaint. It hasn't occurred to me to make one". Another person said, "We have a form that tells you how to make a complaint so I would look at that. I would feel comfortable making a complaint but I haven't found a reason to complain about anything at all". Another person said, "I would ring the CQC and contact the office. I have never ever had to do this and I know the people that come to me are so kind and don't rush me so I have no need to complain". The service had in place a robust complaints policy, which staff were made aware of at their induction programme. One staff said, "If someone complained, I would listen to their concerns and document their comments. I would inform the registered manager immediately and try to make sure the person was reassured". We looked at the service complaints file and found they had not received any complaints since registration. The registered manager was aware of the correct procedure in responding to concerns and complaints to ensure a positive outcome for the complainant.

Good

Is the service well-led?

Our findings

People, their relatives and staff spoke highly of the registered manager. One person told us, "She [registered manager] listens to my views and everything I have to say. She is very much approachable. She is the best manager you will ever get, she is just great". Another person told us, "The registered manager is knowledgeable and knows her job inside out". A relative told us, "Home Instead [Senior Care Greenwich and Bexley] are a good bunch and I particularly like the registered manager and am impressed by her". Staff told us, "The registered manager is incredibly supportive and I can speak to her about anything at all".

The registered manager operated an open door policy where people could speak with her at any time for advice and guidance. People told us, "The registered manager is a lovely lady. I can contact her if I need to". She's [registered manager] provides our care. She is good. She's approachable and you can tell her anything". Staff told us, "Yes, she [registered manager] is approachable, she is always willing to help and she appreciates what we [staff] do". Another staff told us, "I talk to her [registered manager], I can call her or go into the office". During the inspection observed staff contacting the registered manager for support and guidance.

The registered manager carried out frequent audits of the service. Audits looked at all aspects of service provision including, medicine administration recording sheets [MARS], care plans and risk assessments. Staff carried out visual audits of the environment and reported any concerns to the registered manager immediately. One person told us, "They [staff] always check my wheelchair, frame and bath hoist before I use them. If there were any problems they tell the manager [registered manager] who would help to get it fixed". The registered manager reviewed the audits and was aware of the correct action to take should issues be identified.

People, their relatives and staff were encouraged to share their views and give feedback on the service. At the time of the inspection the 'head office' had sent out quality assurance questionnaires to people, their relatives and staff. We were unable to read the completed questionnaires as these had not yet been returned and collated. People told us, "The registered manager asks me how things are going, if I'm happy with the carer's and if there's anything I would like changed. She's [registered manager] good like that". The registered manager carried out spot checks of the staff's performance. Records showed that the registered manager visited people's homes and observed staff delivering care. The registered manager then spent time with people ascertaining their views on the care they had received. If feedback received was negative the registered manager was aware of the correct action to take to address the issues.

The registered manager was aware of the importance of partnership working. We spoke with the registered manager who told us, "The majority of people that use our services are privately funded, therefore we have limited contact with other health care professionals but liaise with relatives". The registered manager was able to give examples of when the involvement of health care professionals was required and how to access health services on people's behalf. For example, when someone's health care needs deteriorated.