

Hamax Ltd

# Home Instead Senior Care

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We undertook an announced inspection on 16 June 2015. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection 94 people received care and support services.

At our last inspection in August 2013 we found the provider was not meeting the regulations in relation to assessing and monitoring the quality of service provision.

# Summary of findings

Following our August 2013 inspection the provider sent us an action plan telling us about the improvements they were going to make. During this inspection we found that these improvements had been made.

There was a registered manager for this service, who was unavailable on the day of this visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People and their relatives said they had no concerns about the care they received. People told us staff were caring and treated people with dignity and respect. Staff we spoke with had awareness of, and recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns, and who to report these concerns to.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Staff had up to date knowledge and training to support people.

People and their relatives told us staff treated people with dignity and respect whilst supporting their needs. Staff really knew people well, and took people's preferences into account and respected them. The management team were responsive to changes in people's needs and cascaded information effectively.

We found that staff had a good understanding of how to obtain consent from people and what to do where people did not have the capacity to make certain decisions. They worked within the confines of the law which meant they did not treat people unlawfully. There were no applications to the court of protection to deprive people of their liberty. Staff were knowledgeable and passionate about ensuring people gave their consent to the care and support they received.

People were supported to eat and drink well. People and their relatives told us they had access to health professionals as soon as they were needed. Relatives told us they were always kept up to date with any concerns for their family member.

Staff said they were well trained and supported. The provider had the ethos to invest time and resources into staff, to support them in their role. This assisted the provider to provide quality care and support.

People and their relatives knew how to raise complaints and the registered manager had arrangements in place to ensure people were listened to and action taken if required.

The registered manager promoted a positive approach to including people's views about their care and service development. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. Systems were in place to monitor and improve the quality of the service. The provider used different resources to receive as much feedback from people, their families and staff as possible.

# Summary of findings

## 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

People said they felt safe with staff that supported them. Staff knew how to keep people safe in their own homes. People and relatives benefited from support received from regular staff that knew their needs and managed their risks.

Good



### Is the service effective?

The service is effective

People were supported by staff who knew how to meet their needs. Staff received support and training they needed to provide effective care for people. Staff understood their responsibilities when people did not have capacity to make decisions. People and their relatives benefited from help in making decisions when needed. Staff supported people to access health care when needed.

Good



### Is the service caring?

The service is caring

People who used the service and relatives said they thought the staff were caring. People benefited from the kindness and respect that they were shown. They also benefited from knowledgeable staff who provide care in a dignified way, respecting people's rights to make their own decisions.

Good



### Is the service responsive?

The service is responsive

People were involved in how their care was provided on a daily basis. People and their families benefited from involvement in their care and support, which was reviewed on a regular basis. People and their relatives were able to raise any comments or concerns with staff and these were responded to appropriately.

Good



### Is the service well-led?

The service is well led.

People, relatives and staff felt supported by the management team. They were approachable, and listened and acted on people's feedback. The leadership of the service created a culture of openness and sought feedback from people in different ways to improve people's experience of the service.

Good



# Home Instead Senior Care

## Detailed findings

### Background to this inspection

This was an announced inspection which took place on 16 June 2015 by two inspectors. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided at the agency.

The local authority are responsible for monitoring the quality and funding for some people who use the service.

We spoke with ten people, five of whom used the service and five close relatives. We also spoke with five care staff, the provider, the deputy manager and the recruitment manager.

We looked at the care records for ten people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People we spoke with said they felt safe when supported by staff they knew who were aware of their needs. One person said, “There are no strangers through the door, I am always introduced first, which is very reassuring, I feel safe.” Another person said, “They always are punctual, I don’t have to worry about when they will turn up.” One person said, “I receive a plan of who is coming, so I always know and feel safe.” People told us the staff that supported them were well trained; they felt confident and could relax because their support would be provided in a safe way.

Relatives told us that they felt their family member received care that improved their safety and well-being. One relative said, “I can always call the office, they are always there and available to quickly help us.” Another relative said, “The supervisors are really good they make sure the information is cascaded to staff, I know things are passed on.” One relative said, “I can see how much the (staff) care when they look after [my family member] this helps me feel safe about their care.” They all said they would be happy to speak to anyone at the office if they had any concerns.

The deputy manager had a good understanding of their responsibilities to identify and report potential abuse under the local safeguarding procedures. For example we saw when staff had raised concerns about potential financial abuse, the deputy manager had reported to the local safeguarding authority so people were protected from harm. All the staff we spoke with were able to give clear understanding of their responsibilities to report potential abuse. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated.

People and their families told us staff had discussed all aspects of their care with them. This included identified risks to their safety and welfare, for example going out into the community and supporting with cooking meals. One person said, “They have practical workable solutions to improve the service we need, and keep us safe.” Staff explained examples of how they managed risks to people ensuring that people’s freedom was supported and

enabled people to be as independent as possible. For example, when risks were identified for one person, additional calls were put in place for a short period of time to support the person’s safety and well-being.

Staff we spoke with told us they supported people’s behaviour that sometimes challenged. Staff told us that they did not use any physical interventions with people but would use distraction techniques, and encouragement. A relative told us, “Carers are always kind and gently encourage my [family member] to respond.” For example one staff member told us how they would look at a person’s facial expressions and body language whilst completing a task with them. These were an indicator of a person’s anxiety or happiness, and supported staff to access if a person was happy with what they were doing. Staff showed us they had a good understanding of the risks to people’s health and well-being, and how they reduced these risks which were shown in people’s risk assessments.

We saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. We spoke with staff and they said they completed application forms and were interviewed to assess their abilities. The provider checked with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people said they needed support with their medicines. This was discussed with them and they were included in decisions about how they were supported. A relative told us, “It’s such a relief for them to help with the tablets, I don’t have to worry.” We saw that people’s support plans guided staff in supporting people with their medicines. Staff told us they had received training and felt confident when administering medicines to people. They also said that their competency at administering medicines was checked by senior staff when they completed their training to ensure they could administer medicines safely. We saw that medicines were checked monthly and any concerns investigated and appropriate action taken.

# Is the service effective?

## Our findings

People we spoke with thought the service they received was effective, as staff knew how to meet their needs. One person told us, “I am able to say what I need and staff will do, they are well trained and very supportive.” A relative told us, “Staff listen to what my [family member] wants and do it.”

Staff told us that they had received an induction before working independently with people. This included specific training around meeting people’s needs as well as shadowing with experienced staff. A knowledge check was completed by senior staff before they were ready to support people on their own. Staff said they felt well prepared and had received good quality training.

One member of staff spoke about their dementia training which they felt was a huge benefit and really improved their practice when supporting people with dementia. For example they had been shown distraction techniques and how to interpret facial expressions and gestures so they could support people’s needs effectively and ensure people were happy receiving their support. We saw the registered manager’s records showed when staff were due to attend refresher training so their skills and knowledge continued to be updated.

People and relatives told us staff were well trained. One person said, “They are very well trained staff, and they will adapt to the person.” A relative told us, “Staff always know what they are doing, I feel confident to let them get on with it.” Staff told us they felt well supported. They were encouraged to book additional training to improve their skills. There was a recruitment manager in post who worked with staff to keep their skills up to date and motivated to improve their practice.

People told us staff always asked before providing support; they said they felt they could say yes or no. One person said, “I always have the freedom to say what I want and say no if I want too.” Staff we spoke with told us they were aware of a person’s right to choose or refuse care. They had an understanding of the Mental Capacity Act 2005 (MCA), and had received relevant training about it. This is a law that sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. Staff told us they

always ensured that people consented to their care. One staff member said, “I always assume capacity, it makes all the difference how they are feeling on the day to what we do.” We looked at how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. The provider and the deputy manager had an understanding of this process. We saw the management team were completing this process when it was needed with support from the mental health teams.

The provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service, to deprive them of their liberty. The management team and staff were aware of this legislation, and applied it to people to ensure no one receiving support had their liberties restricted unlawfully.

People we spoke with had different levels of need for support with shopping, meal preparation and cooking. People said they were supported according to their different needs. One person said, “They help me when I need help with cooking.” One member of staff said, “I always encourage [person’s name] to eat, it takes time but we can do this.” Staff knew about each person’s needs, they said these were reflected in each person’s care record. We looked at care records for ten people and could see people’s likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed that their individual needs were met. Where more complex needs were identified, staff were aware of how to support.

People told us they received support with their health care when they needed it. One person said, “I can go to the dentist, they (staff) will help me.” Staff had involved other health agencies as they were needed in response to the person’s needs. One staff member said, “If I am concerned I talk to them and call the GP, I let the family and office know.” We saw each person had their health care needs documented, and staff told us how they met those needs, for example when a person needed to see the dentist or the optician. There were links with agencies such as community health teams; they were involved with additional support when needed for people living in the community. The deputy manager told us how they worked alongside health teams to support people so they could stay in their own home for as long as possible.

# Is the service caring?

## Our findings

People and relatives were very positive about the staff that supported them. One person said, “They (staff) are very thoughtful and helpful”. Another person said, “They are interesting people, we spend time chatting.” People also said, “They will always do what’s needed but will do a bit extra if I ask them,” and another person said, “I always feel better when they put me to bed.” Relatives we spoke with said, “[Person’s name] adores their (members of staff),” and another said, “The (staff) show such dignity, respect, kindness and compassion every day.” One relative said, “They (staff) are part of our family now.”

A member of staff told us, “We are matched with someone to see if we get on, no flying visits, there is time to build relationships between us.” People and relatives said that if they didn’t get on with a member of staff they would let the office know and they would not have to receive support from the member of staff again. They felt it was their choice who provided their support. The deputy manager confirmed they always checked to see if the people receiving the service were getting on with staff. They showed a good understanding that people needed to build relationships with staff.

One person said they felt the provider had, “Wrapped the service around me and my needs rather than their needs.” Another said, “Shaped my schedule according to my needs, the right hours on the right days.” People said staff supported them to make their own decisions about their

daily lives. Relatives said they were involved with their family members care planning; they felt involved and listened to. Relatives also told us that staff gave their family member time to express their wishes and respected the decisions made. For example, a member of staff would sit and chat and share a cup of tea, until their relative felt like getting up.

People and relatives said they received support from regular staff who knew them well and their needs. Relatives said their family member was supported by a small team of staff. When there were new members to the team they were, where possible, introduced first, where possible, before supporting their family member. This reassured people that staff knew their needs and were familiar to them. A member of staff said, “We have the personal touch, I know about the people and they know about me.”

People said staff respected their dignity, always knocking and waiting to be invited in to their personal space. Relatives said staff promoted people’s choices, and encouraged as much independence as possible. Staff we spoke with showed a good awareness of people’s human rights, telling us how they treat people as individuals and support people to have as much choice and control in their lives as possible. People’s needs and preferences, and how much they could do for themselves was assessed as part of the planning for their care and support. Staff were aware of people’s ability, and were adaptable for people whose ability may fluctuate.



# Is the service responsive?

## Our findings

People we spoke with said they were involved in planning their care. One person said, "I can say what I need." Relatives told us they had been asked for their views and opinions when planning their family members care. One relative said, "I am always involved, I was there at the assessment, and at all of the reviews" Another said, "(Staff) always call or text me if they are concerned about anything." People and relatives we spoke with said they felt staff understood their needs and provided appropriate support in response to people's needs.

People and relatives said they felt they were supported by regular staff who knew them well. Staff we spoke with told us they could spend the full time with people they supported. This was confirmed by people and their relatives we spoke with. The provider and the deputy showed us they had a roster system in place was adaptable to people's needs. People told us they received support that was flexible to their needs.

People and their relatives told us that the management team visited them regularly to review the care they received. People felt able to say if anything around the support they received needed changing or could be improved. People said these changes were agreed and actioned in a timely way. For example, one person said they had requested additional time and this had been agreed and provided. Staff told us they routinely spoke with families and the office for regular updates and to share information, so staff had up to date knowledge to support each person.

Staff we spoke with had a good knowledge about people's needs, preferences and routines. However they still encouraged people to exercise their independence. For example people told us how they could adapt their care support according to their needs on the day. One person

said they could go out into the community and pursue interesting past times they chose, such as shopping or the library. They could equally stay at home with the member of staff and talk or play games, depending on their wishes on the day.

We saw people were asked to share their views and feedback about their experience of their service and the quality of their care and support through satisfaction questionnaires. These were assessed by the management team and action taken to improve the quality of people's care. People and their relatives confirmed that actions raised were usually actioned in a timely way. For example, for one person their hours were rescheduled to support their needs more effectively.

The people we spoke with all said they felt comfortable to raise any concerns, and knew whom to speak to. One person said, "They are very on the ball, will sort anything I need help with." They said they had a good relationship with the management team, who also visited regularly for reviews, and felt happy to discuss any concerns about any aspect of their care provision. There were clear arrangements in place for recording complaints and any actions taken. We saw where complaints had been made they had been responded to in a timely way. For example, one person spoke about how they liked to know who was arriving every day. They told us how the staff in the office now emailed them the rota for the week so they knew exactly who was arriving.

Some people who used the service may have needed support to help them complain. Staff were able to tell us how they would support people. People's relatives could also make a complaint on their behalf. They told us they were aware of how to do this and who they needed to speak with. One relative said, "I am happy to speak to anyone at the office, they all will sort any concerns out quickly."



# Is the service well-led?

## Our findings

At our last inspection in August 2013 we found the provider was not meeting the regulations in relation to assessing and monitoring the quality of service provision. Following our August 2013 inspection the provider sent us an action plan telling us about the improvements they were going to make. During this inspection we found these improvements had been made. There was an effect system in place to manage the rostering system. This IT system supported the office staff to provide the support calls at an appropriate time. Office staff were alerted if a member of staff was delayed arriving or leaving a visit. This supported the management team to ensure people received support when they needed it, maintaining their health and well-being.

People who used the service and their family members told us they liked the registered manager and deputy manager who were approachable and responsive when they needed to speak to them. One person said, “They are like a watch dog, ready to sort any problems.” Another person told us, “Everything is excellent, there is no possible improvement.” Relatives told us the service was well managed, one relative said, “The managers are great, really on the ball, they know their people,” another said, “I see the manager all the time, they are really helpful.”

The provider monitored and took action to ensure the quality of care provided. People’s welfare and safety were looked at through regular checks. For example, checks were made on the administration of medicines, care plans, and people’s home environment risks and action taken if there were any concerns found. There was clear evidence the management team had an oversight of the care and support people received. This supported the provider to ensure the service delivered high quality, consistent care.

Staff said they felt supported by the management team. They told us they could report concerns and they would be actioned in a timely way. One member of staff said, “I feel I can raise any concerns, or questions with any of the management team, they always listen and give support.” Another told us they had contacted the out of hours cover

and had received very good support from the manager on duty. The provider had recently introduced coffee mornings for the staff, to encourage them to drop in for a chat, to share best practice and concerns. Staff told us they felt these were useful alongside the team meetings and regular one to one’s. The provider told us they wanted to invest in staff as they felt this was how to provide a quality service.

The deputy manager told us how they worked alongside staff to monitor and guide staff when providing care for people. This gave the deputy manager an opportunity to lead by example and monitor the care provided. Staff said they really appreciated working with the managers as it made them feel even more approachable.

The provider had employed a recruitment and retention manager. This person had implemented an additional training program to support staff to provide quality care. For example, the provider was trialling, a carer centred training package which encourages reflective practice, encouraging staff to attain high standards of skills in delivering care and support. The provider told us their ethos was to provide people with well-trained regular care staff; therefore it was important to the provider to retain existing staff where possible.

Last July, 2014, people who used the service and their families were asked to complete an anonymous survey giving feedback relating to the service provided. The results were analysed and shared with staff, many of the comments giving positive feedback. Any concerns were incorporated in actions to be carried forward for the provider. For example, improving how visits are scheduled to include enough travelling time, to support staff arriving at the correct time. The provider showed commitment to completing the survey again this year to continue to improve the quality of service provision for people using the service.

The management team produced a regular newsletter, sharing with people, their relatives and staff, which included any service developments, informative articles and information. This supported the provider when communicating with people using the service and their families.