

Essex Senior Care Limited

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

Home Instead Senior Care is registered to provide personal care to people living in their own homes. There were 67 people using the service when we visited. This inspection was announced, and was completed by one inspector on 12 November 2015. The service had a registered manager in post. 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.

Staff knew what action to take to ensure that people were protected if they suspected they were at risk of abuse. There were sufficient numbers of staff to provide care to the people using the service.

Recruitment procedures ensured that only suitable staff were employed to work with people using the service.

Summary of findings

Risks to people's health, wellbeing and safety had been assessed and actions had been taken to reduce identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out procedures where people do not have capacity and what guidelines must be followed to ensure that people's freedoms are not unlawfully restricted.

People were supported with their nutritional needs, where appropriate, during the care visits they received.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager to maintain and develop their skills and knowledge through ongoing support and regular training. The staff were in contact with a range of health care professionals to ensure that care and support to people was well coordinated and appropriate.

People's privacy and dignity were respected and their care and support was provided in a caring and patient way.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care plans were amended when required. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views. Proactive measures were in place to prevent people from becoming socially isolated. A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People felt able to raise concerns with the staff at any time.

The provider had effective quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

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.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

Staff ensured that people received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff were supported to do their job and an ongoing training programme was in place to ensure that they had the knowledge and skills to care for people who used the service.

The provider had procedures and training in place for staff regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and staff were aware of their responsibilities. This meant that people were not at risk of unlawful restrictions being placed on them.

People's social, health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued by staff.

People were involved in reviewing their care needs and were able to express their views and make changes to their care.

Good



Is the service responsive?

The service was responsive.

People were regularly involved in reviewing their care and support provided by the service to ensure it met their needs. People's feedback was valued and issues people raised were dealt with in an open and transparent way.

People were supported with activities to avoid social isolation.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Good



Is the service well-led?

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

Good



Summary of findings

Staff were supported and felt able to raise concerns and issues with the registered manager and provider.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Home Instead Senior Care

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.

This inspection was announced and took place on 12 November 2015 and was undertaken by one inspector. We gave the provider 48 hours' notice of this inspection. This is because the registered manager is often out of the office supporting staff and we needed to be sure that you would be available.

Before the inspection we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office, spoke with 11 people and four people's relatives on the phone. We also spoke with the registered manager, provider, three office based staff and eight members of care staff.

We looked at five people's care records and records in relation to the management of the service and the management of staff such as recruitment, supervision, medicines administration records and training planning records. We also spoke with healthcare professionals who had contact with the service. These included a physiotherapist, a community nurse, an occupational therapist, and two senior social workers from the local authority.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, “The care staff look after me very well and I feel very safe when they are here.” People also said that they were able to talk to with the staff and have a laugh and joke together. A relative told us that, “I feel that [family member] is in safe hands at all times and the care staff are careful when providing the care.” Another relative said, “It’s marvellous and I can see that my [family member] is very happy with the care and feels safe.”

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had received training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns with the registered manager and or the local authority’s safeguarding team. We saw that the contact details for reporting safeguarding incidents to the local authority were made available and were included in people’s information pack. One member of staff said, “I feel that if I saw any poor care I would feel confident in reporting it to my manager without hesitation.” The provider was aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm. This showed us that there were processes and procedures that helped keep people as safe as practicable.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. This was to demonstrate that people had been cared for in a safe way according to their care plan needs.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. These included assessments for moving and handling, environmental risks and risks regarding the administration of medication.

The level of assistance that people needed with their medication was recorded in their care plan. The registered

manager and management staff regularly audited the medication administration records. This was to ensure records were being safely and accurately maintained to ensure people had received their medication as prescribed. Medication administration training sessions were provided and refresher training in medication administration was also provided. Staff told us that competency checks were in place to monitor staff’s practice when administering people’s medication and records seen confirmed that this was the case.

People’s care plans included detailed information on the level of support required and also whether the person would be responsible for the administration of their medicines. Risk assessments had been completed for people requiring assistance and or prompting with their medication. We saw samples of the medication administration records had been completed accurately by staff where required and any changes in medicines were recorded. One person said, “The carers always make sure that I have had my tablets that I need.”

People and their relatives said that there were always enough staff to provide care and support in a consistent way. People that we spoke with confirmed that staff and were always on time and had never missed any of their care calls. The registered manager told us staffing levels were monitored on an ongoing basis. People only received a service once the appropriate numbers of staff had been allocated. This was to ensure that the person’s identified support needs could be safely met.

Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Records showed us that appropriate checks including a satisfactory criminal records check and receipt of references had been carried out prior to staff starting work. Any gaps in employment were pursued with prospective staff during their interview. This showed us that the provider had only employed staff who were suitable to safely work with people using the service.

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, “The [carer staff] are very good and help me with whatever I need.” Another person told us that, “The carers are really cheerful and they make sure everything has been done before they leave.” Relatives we spoke with said they all felt that the care and support provided by care staff met their family member’s needs. One relative said, “My [family member] has dementia care needs and the staff really understand and take time to help them in a very kind and effective way.”

People’s care records had clear information in place so that staff provided people with effective care. There were guidelines in place so that care staff were clear about the care and support that was to be provided during each visit. We saw details in place regarding the person’s background, family contacts and personal preferences as to how care and support should be delivered. Individual preferences were recorded in detail and were written in a ‘person centred’ style about what was important to the person and how they wished their care to be provided. Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medication and domestic tasks and social and welfare calls. We saw that there were agreements in place, signed by the person or their representative regarding the care and support to be provided.

People told us that where meals were provided staff had consulted with them regarding their individual needs and preferences. We saw that detailed assessments of people’s dietary needs and preferences had been made and that these were recorded in their care plan. One person said “I have a selection of meals I like and the staff help me to prepare them which is very helpful.”

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. The registered manager and staff were knowledgeable about the situations where an assessment of people’s mental capacity could be required

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people’s rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff during their induction regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the relevant contact details and local authority procedures regarding this area. The registered manager informed us and we saw that currently no one using the service had a need to be deprived of their liberty.

The registered manager confirmed there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that the training they needed to meet people’s needs had been provided. Examples of training included; medication administration, safeguarding, person centred care, basic life support and safe moving and handling. This meant that staff were supported to have an understanding of these subjects. Staff told us that they had been able to receive additional training and gave an example of dementia care training they had received which was accredited by City and Guilds (a nationally recognised training organisation).

Staff told us they received three monthly supervision and annual appraisals and we saw a supervision planner that confirmed this. This meant there was an effective system to support and monitor staff development and performance.

New care staff told us that they received an induction and training when they started work to ensure that they followed safe working practices. The staff induction programme covered the induction standards which were in line with ‘Skills for Care’ (Skills for Care is the employer-led workforce development body for adult social care in England).

Health care professionals we spoke to also told us that they had received good quality information from the registered

Is the service effective?

manager and staff when healthcare issues arose and staff always acted on any advice they were given. We spoke with a physiotherapist who had contact with the service and

they said that they had seen good care in place and found the service to be positive and professional. We also received positive comments from two social workers, an occupational therapist and a community nurse.

Is the service caring?

Our findings

People and their relatives with confirmed that the staff were very kind and caring. For example, one person said, "They help me with everything that I need and make sure that I am happy and comfortable before they leave."

Another person said, "They never rush me and they are very kind and respectful towards to me." Another person said, "The staff help me with my personal care needs and I really look forward to seeing them." A relative said, "The staff and manager are really excellent and always make sure my [family member] is well looked after." We also saw a compliment the service received from a person which read; "You and your staff have been exceptionally kind and caring and have helped me through a very difficult time with great compassion. The service you have provided has been invaluable and I am most grateful and appreciative of your 'personal touch'." Another person said, "I couldn't be better looked after and the staff take their time and never rush me."

All of the people we spoke with, including their relatives, told us that care staff respected people's privacy and dignity. People told us that they usually had the same care workers providing care. People said that they knew which member of staff would be visiting and that they received a monthly rota showing the staff who would be providing their care. People also told us that new care staff were introduced to them prior to them delivering care on their own. This showed that the service took time to ensure people were respected and consulted about changes to their care.

Staff used peoples preferred names and demonstrated a kind and caring attitude towards people. People told us that staff had taken time in talking with them about things which were important to them in a respectful way. One person said, "My [carer staff] are very kind and caring and

take time to talk to me whilst they are providing care. Another person said, "The care staff are polite and respectful whilst in my home and they always treat me well and respect my privacy." Relatives that we spoke with also confirmed that they had seen staff treating their family in a respectful and caring manner. One relative said, "The staff are wonderful and they really care for my [family member]."

The staff we met spoke with a great deal of warmth and affection about their work and the care they provided for people. One staff member said, "I really love my job and enjoy providing the best care possible."

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including caring for people living with dementia. Care and support plans reflected people's wishes and preferences and how staff should support them. We saw that the registered manager had ensured, as much as possible, that they were able to meet people's preferences regarding whether they wished to be supported by male or female staff. This showed us that people's equality and diversity was considered and acted upon.

The registered manager told us that people were provided with information as required so that they could access local advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Records we viewed showed us that the provider considered and put into action people's end of life care wishes. This was by involving people, their families and friends and health care professionals. Examples we saw included end of life planning and involvement of palliative care services and specialist nursing staff to ensure a well-coordinated and caring service was provided to people.

Is the service responsive?

Our findings

All of the people we spoke with and their relatives told us they were provided with information about their care and also if any changes were made. For example, one relative said, “My family member’s care is regularly reviewed and any changes to calls are made as necessary.” A person said, “They increased the care package to support [family member] when their needs changed.”

People said they were able to choose the care workers they preferred, the time of their care, how they wished to be addressed and how they wanted their care to be delivered. The registered manager told us that new care staff were introduced to people prior to them providing care and support. This was confirmed by care staff and people we spoke with. One person said, “Any new staff are always introduced to me so that I can get to know them before they give me care.”

The registered manager told us that they provided care only where the staff could do this reliably and effectively to ensure people’s needs were met. This was also confirmed by healthcare professionals who we spoke with. We found that detailed assessments of people’s needs had been carried out before they started to use the service. These were then used to formulate the care plan and outline the care which was to be provided during each visit. We saw that management staff had regularly reviewed people’s care plan with the person using the service and their relatives where necessary. The relative of one person said that, “They know [family member] really well and I am very happy with the care they give.” People and their relatives confirmed that they had been involved in reviews of the care provided.

We saw that people’s care plans had been updated in response to the changes in the person’s needs. For example, where changes had been made regarding the administration of a person’s medicines, the care plan and risk assessment had been updated to ensure they were accurate. We saw that there had been regular six - monthly reviews completed regarding the care that was being provided. Staff told us that they had been involved in reviewing care and confirmed that they were made aware of any changes to people’s care and support needs by the management team.

The registered manager stated that care plans were also updated where people’s needs had changed due to a hospital admission or a health care issue. We saw samples of the daily notes completed by care staff detailing the care and support that they had provided during each care visit. People and their relatives told us that staff had been responsive and flexible to their needs such as visiting them earlier where the person had to go out to an appointment.

The registered manager told us about a monthly community club called ‘Memory Lane Café’ that the service had developed to provide social activities for people to enjoy locally. Activities included gardening, pet’s afternoon, music and singing and lots of tea and biscuits. One person we spoke with said that they had enjoyed visiting the club and was looking forward to the Christmas events.

The provider had also sent out a regular newsletter giving people a range of information including forthcoming events.

We also saw that one member of care staff had assisted a person to visit to their favourite football club and a cricket ground in London. This had been as a result of a request from the person. This showed that the service was prepared to ‘go the extra mile’ to provide people with social opportunities and to help to prevent people from becoming socially isolated.

People and their relatives that we spoke with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, “If I ever have any concerns the manager is very good at sorting it out for me.” A relative told us that, “The manager and office staff are very good and deal with any issues or concerns quickly and efficiently.” People told us that their concerns and any complaints were always dealt with in a timely and professional manner. People said they could confidently raise and discuss their concerns with staff and the registered manager at any time. A copy of the service’s complaints procedure was included in people’s information packs kept in their home. We saw that the complaints policy/procedure included expected time scales for response and guidelines for people on how to complain. The registered manager told us that all complaints were acknowledged and resolved to the person’s satisfaction as much as possible. One person said, “I feel confident that if I wished to raise any concerns or a problem it would be dealt with properly.”

Is the service responsive?

The registered manager also showed us a file containing numerous cards from people and their relatives expressing a great deal of satisfaction with the care that had been provided. One comment from a relative stated, “Home Instead has been a godsend to our family over the last year and we are most grateful.”

The service regularly and consistently considered the quality of care it provided and took appropriate action

where required. This was by speaking with people, their relatives, staff and health care professionals, whose views were regularly sought. Staff worked in partnership with other organisations and this was confirmed through the positive comments from health care professionals we spoke with. These included, “This service works closely with us and they proactively deal with issues in a very professional and efficient manner.”

Is the service well-led?

Our findings

People we spoke with and their relatives told us that they had regular contact with the registered manager and the provider's management team. They knew who to contact if they wished to discuss any concerns about the care and support being provided. One relative said, "I am very impressed with the service and the management of the service - they are first class". We saw that there were regular courtesy calls. These were made to people from members of management staff to monitor people's satisfaction with the care being provided. People we spoke with and records we saw confirmed this to be the case. .

Surveys were sent to people who used the service to gain their opinions regarding the care provided. People and their relatives confirmed they had completed surveys. People we spoke with confirmed that the management staff and registered manager often visited to check if everything was being done properly. One person said. "I get phone calls and visits from the managers to check if I am satisfied with everything". Annual surveys had been sent out to people using the service, and staff, as part of the ongoing quality assurance audits. Comments received had been positive and no concerns or issues had been raised.

Staff told us that they felt the service was well managed and that the registered manager and provider were available and approachable. They said they felt supported and that they were able to raise issues and concerns at any time. This included during out of business hours when they used the 'on call' contact number to discuss any issues or concerns. They told us their views and opinions were

respected, listened to, valued and acted upon. There were regular staff meetings and we saw minutes which confirmed this to be the case. Staff confirmed that the staff meetings helped to ensure that information and developments were shared in a consistent and reliable way.

There was an open culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said, "I love my job and this is a really good agency to work for." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Another staff member said, "If I saw or knew about any poor care or bad practice I would report it to the manager and I would be confident that it would be acted upon without any hesitation or delay." We found the registered manager had submitted notifications to the Care Quality Commission when this had been required. This showed us that the provider and staff were aware of their legal responsibilities.

The provider, registered manager and senior care/management staff undertook a number of audits to monitor procedures to ensure that people using the service remained safe. Audits had included the monitoring of people's care plans and risk assessments, discussions with people who used the service and staff, health and safety and staff competency regarding medication administration. Staff and records we saw confirmed that competency/spot checks were regularly carried out to monitor staff practice and any areas for further development.