

Simms Care Services Limited

Home Instead Senior Care

Inspection report

Weltech Business Centre
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Hertfordshire
AL7 2AA

Date of inspection visit:
19 December 2019

Date of publication:
23 January 2020

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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

About the service

Home Instead Senior Care is a domiciliary (home care) agency. It provides personal care to people living in their own houses and flats. Not everyone using Home Instead Senior Care received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 34 people receiving the regulated activity of personal care at the time of the inspection.

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

People told us they felt safe. Staff received training in safeguarding and knew how to report their concerns both internally and externally. Risks were managed appropriately. Staff were provided with regular guidance and support from the management team.

Staff were recruited safely and there were enough staff to meet people's needs. Staff received regular training and were positive about their induction to the service.

People were supported to manage their medicines appropriately. Any health needs were clearly identified in people's care plans. Staff ensured that people were supported to access health services, where required.

People and relatives told us that staff were caring. People received care in a way which promoted their dignity and encouraged independence.

Care plans were developed when people started using the service and were personalised. People told us that staff were responsive to their needs and supporting them in the way they wanted.

The provider had implemented a range of effective audits and governance systems to check the quality and safety of the care people received. The registered manager and wider management team monitored the completion of tasks daily. This allowed for the effective monitoring of patterns and trends and for learning to take place.

Rating at Last Inspection

At our last inspection, the service was rated Good (published 21 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality Care. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

Home Instead Senior Care is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17th December 2019 and ended on 20th December 2019. We visited the office location on 19th December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, care manager, head of caregiver experience and community support representative. We also spoke with four care assistants, four people who used the service, four relatives or friends, three professionals and one volunteer.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. Staff told us they were aware of the safeguarding and whistleblowing policies. Staff told us they knew how to recognise abuse and protect people from the risk of abuse. A staff member told us, "I would take any concerns back to the office. If it was not dealt with appropriately then I could always go to the provider or ultimately CQC or the police."
- People told us they felt safe and knew how to contact staff if needed. One person said, "Oh I definitely feel safe." Another person told us, "I am very secure and happy and there is nothing I do not like."
- Relatives also told us they felt their family members were supported safely. One relative said, "We absolutely feel safe, the staff are very good."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support had been assessed. Management plans were in place which ensured people were protected from harm without restricting their independence.
- Staff had access to care plans and risk assessments on their mobile devices. These could be updated remotely in the event of any changes to a person's needs or situation.
- The provider's electronic monitoring system also allowed the management team to monitor calls in real time. This meant that any issues could be responded to immediately.
- Staff told us that if they had concerns or required guidance they were encouraged to contact the office. One staff member told us, "I am always able to contact on-call if I need to."

Staffing and recruitment

- There were enough staff to keep people safe. Systems were in place to cover at short notice, such as in the event of staff sickness.
- People and relatives told us that care calls were very rarely missed. They were also informed if staff were going to be significantly late. One person told us, "I've not had any missed (care) calls." Another person told us, "They (staff) usually turn up on time, sometimes if they are running late they will phone up."
- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and references from previous employment on file. One family member told us, "They seem very good at selecting the right people for the job."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and competency assessments.

- Some people were prescribed "as required" medicines. Protocols were in place for their administration.

Preventing and controlling infection

- Staff had received the relevant training for infection control and food hygiene and had access to all protective equipment.
- Staff told us, and records supported that spot checks took place. These ensured that staff were following good practice in relation to infection control and hand hygiene.

Learning lessons when things go wrong

- Accident and incident records were completed, and evidenced appropriate action taken by staff. The registered manager gave examples of where the service had responded to incidents and applied learning, to make improvements to the service provided.
- The management team ensured that call logs and daily notes were regularly monitored. This ensured that any changes, patterns or trends were quickly identified, and necessary action taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before accessing the service. The registered manager confirmed people's care and support needs were thoroughly discussed before the care package was agreed.
- The service was flexible in ensuring that people were supported in line with their assessed needs and choices. People were given the opportunity to meet new members of staff before they started to be supported by them.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role effectively. One family member told us, "I would say they are well trained."
- Staff were positive about their induction into their role. One staff member told us, "Everyone at my induction was very friendly. It covered pretty much everything."
- Staff confirmed that they received regular supervision and we saw evidence that competency assessments were completed by senior staff. The service had appointed a dedicated member of staff to oversee training and support for the care team.
- Staff told us they felt comfortable to approach the management team if they required additional support.

Supporting people to eat and drink enough to maintain a balanced diet

- People who required help were supported to eat and drink. Care notes demonstrated that staff provided prompts and encouragement to ensure people eat and drank enough.
- People's preferences were documented in their support plans.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff and the management team worked well with other agencies to ensure that people received appropriate care. One professional told us, "Their records are very accurate, care plans are up to date, and daily care records are provided when requested very promptly."
- People were supported to attend appointments with healthcare professionals. One family member told us, "They (staff) take [relative] to GP appointments and update me with any changes."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decisions were recorded in people's care plans.
- Staff we spoke with were aware of the need to operate within the principles of the Mental Capacity Act. Staff supported people to always be at the centre and in control of any decision making. One staff member told us, "I always check people are happy with what I am doing and see if they need anything else."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed positive relationships with people and knew how to support them effectively. One person told us, "Staff are compassionate and considerate to my needs." A family member told us, "Staff are immensely caring, it gives me peace of mind."
- People and staff valued the continuity of care provided by Home Instead Senior Care. One staff member told us about the importance of "building up relationships" with the people supported and the positive impact on their wellbeing. One person told us, "My carers are more like friends, there is not one of my carers that I don't like."
- One professional told us, "I certainly believe staff are caring. They work extremely hard, always putting clients at the centre, they know their clients really well."

Supporting people to express their views and be involved in making decisions about their care

- People using the service were encouraged to be involved in making decisions about their care and to take part in reviews. One family member told us, "[care manager] has been out a few times to carry out reviews, this is often when the carers are there, so they can inspect that they are doing things right."
- People we spoke with confirmed that care staff knew what they liked and how they liked to be supported. One person told us, "The staff are absolutely wonderful, they will do anything you want."
- Staff supported people to make their own decisions where possible. One staff member told us, "A lot of our customers have dementia, but I always give choice, even if it is just two options, in order not to overwhelm them."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff were respectful when they discussed people's support needs. They were able to give examples of how they provide dignified care, which respected people's privacy, such as closing doors and curtains. One person told us, "Staff are very obliging and polite." A family member told us, "Staff absolutely have the right skills, they are kind, thoughtful and respectful."
- Staff supported people to be as independent as possible and do what they could for themselves. One staff member told us, "I encourage people to do what they can for themselves. It's their home, dignity and respect are so important."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were personalised and there was clear information about people's likes and dislikes. One relative told us, "They (staff) know [relative] as a person, their likes and what makes them happy." Another relative told us, "The service has been just amazing, it has been the key to allowing [relative] to stay at home."
- People were normally supported by the same members of staff. The service worked to ensure people were well matched. One person told us about a staff member they did not get on with and that, "they (registered manager) never sent them again."
- The service had recently introduced a care planning application, which care staff could access on their phones. This meant staff could read notes prior to arriving at a person's property. The management team were also able to monitor calls throughout the day and respond to any incidents accordingly. Relatives told us that they also liked being able to check the app. This told them if care staff had arrived at the property and what tasks had been done.
- People were supported with their cultural and religious needs, for example, one person was supported to attend church.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured that people's communication needs were met by providing information in different ways. A range of communication methods were utilised, including: writing information down, speaking slowly and clearly and simplifying information given. Staff told us about the importance of taking the time to build relationships with people, to understand the best ways to communicate with them.

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure; which people were aware of. One family member told us, "Yes, I would know how to make a complaint, but I would be surprised if I needed to."
- People told us they felt comfortable raising any concerns with the service. One person told us, "Oh yes, I would feel comfortable saying so if I had a complaint."
- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.
- One professional told us, "Home Instead are completely client focused and work really hard with client's

families. If there are conflicts, they are really skilled at resolving these. Their work is with the client's wellbeing at the centre."

End of life care and support

- People at the end of their life were supported by staff and external health professionals to have as dignified a death as possible. The registered manager gave us examples of where staff had supported people and their families at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives reported a positive, person-centred culture at the service. One family member told us, "I think the service is absolutely well-run." Another relative told us, "The management are fantastic, I am over the moon with the care provided."
- Staff reported a positive team ethos and knew they could go to the management team for advice and support. One staff member told us, "I absolutely feel supported."
- The management team was open and knowledgeable about the service. The registered manager reported relevant issues to CQC.
- Professionals were also positive about the management of the service. One professional told us, "The registered manager is very positive and flexible in finding the best way of helping people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- Staff were clear about their roles and responsibilities and a system of spot checks was in place to monitor standards.
- Audits were completed, and appropriate action taken where required. The provider had implemented an electronic monitoring and reporting system that gave real time information. Staff told us that this system worked well and saved time. For example, all medication administration records (MARs) and daily notes were instantly accessible by staff at the office. There was no need to collect paperwork as everything was stored electronically and available daily to audit. This gave the provider and management team an instant overview of the service being provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt engaged in the running of the service with regular team meetings and opportunities to catch up. The provider carried out annual staff surveys to obtain feedback and measure satisfaction levels.
- People and their family members felt engaged and involved. People had opportunities to give feedback about their care and support. This included surveys and regular reviews.

Working in partnership with others

- The service worked in partnership with health and social care professionals.

- The service had strong links with the local community with numerous activities and events held throughout the year. This included running the local Dementia Café and holding "Dementia Friends" sessions for local businesses. A representative from another agency told us, "They work very well with other partners and are always looking for ways to help partners as well as ways to promote their services."