

Colvincare Limited

Home Instead Senior Care

Inspection report

Unit 8, Aylesfield Farm Buildings
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Alton
Hampshire
GU34 4BY

Tel: 01420543214

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28 January 2019

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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?

Outstanding ☆

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 care agency, providing care to people living in East Hampshire and Midhurst.
- It provides personal care to people living in their own houses/flats.
- Home Instead Senior Care call their care staff, CAREGivers and this term is used throughout this report.
- The service was providing personal care to 20 older and younger people at the time of the inspection. Some of whom were living with dementia or a disability.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- People told us they received very high quality care from exceptionally dedicated and caring staff, which professionals confirmed. A staff member told us, "The clients come first with Home Instead." People valued the hands-on approach of the provider who completed their initial assessment.
- The provider took great care to match people and CAREGivers and introduce them, prior to the first care call. CAREGivers had sufficient time to spend with people at each call, which enabled the provision of thoughtful, unrushed care.
- CAREGivers went the 'extra mile' for people in the provision of their care. They were sensitive to what was important to people and went out of their way to help them.
- People living with dementia derived great pleasure and benefit from the provider's 'Music and Memories' café. CAREGivers supported people to go out into the community to pursue their interests.
- CAREGivers sensitively discussed with people their end of life wishes.
- People were involved in planning their care. Their care plans were individualised.
- People received safe and effective care from competent staff
- Staff worked closely with other professionals to ensure people received seamless care.
- The service was family run and well led. The provider was highly visible and involved with the service.
- The provider promoted people's safety in the community.
- People's consent to their care was sought. The registered manager was acting to ensure mental capacity act assessments were only completed for people where required and documented.
- The provider had acted and was taking further action to ensure medicines recording reflected best practice.
- We have made a recommendation about staff refreshing their formal safeguarding training.

Rating at last inspection:

- At the last inspection the service was rated Good (06 January 2017).

Why we inspected:

- This was a planned inspection to check that this service remained Good.

Follow up:

- We will follow up on the recommendation we have made at the next inspection.

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service improved to Outstanding.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was completed by two adult social care inspectors.

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides care to both older and younger people.
- 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.
- Not everyone using Home Instead Senior Care receives regulated activity; CQC only inspects the service being received by people being provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Notice of inspection:

- We gave the service 48 hours' notice of the inspection because it is small. We needed to be sure that they would be in.
- Inspection site visit activity started on 25 January 2019 with telephone calls to people who used the service and CAREGivers. It ended on 28 January 2019. We visited the office location on 28 January 2019 to speak with the registered manager and office staff; and to review care records and policies and procedures.

What we did:

- Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

- We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.
- We emailed six professionals to seek their feedback on the service. Following the inspection, we received feedback from two of them. They both provided positive feedback.
- Prior to the site visit we spoke with seven people and two CAREGivers.
- During the site visit we spoke to the registered manager, the nominated individual, a director of the company and a further four staff.
- We reviewed care plans, daily records, medicine records and rosters for five people.
- Following the inspection, we received written feedback on the service from another person and a relative.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protected people from the risk of abuse.
- Staff had undertaken safeguarding training during their induction and understood their responsibilities.
- People felt safe in the care of staff and told us, "They are so trustworthy." The provider promoted people's awareness of how to keep safe through their, 'Scam Awareness and Fraud Prevention' talks and the use of police community safety protocols.
- The registered manager had reported potential abuse to safeguarding and taken positive action to prevent the risk of repetition.
- The registered manager ensured staff regularly reviewed their safeguarding knowledge during their supervisions and team meetings.
- Staff had access to the provider's safeguarding policy for guidance.
- The provider's policy stated staff should update their safeguarding training when appropriate. We recommend the provider reviews this policy. To ensure staff also refresh their formal safeguarding training in accordance with good practice guidance.

Assessing risk, safety monitoring and management

- Staff ensured potential risks were identified and managed in a manner that did not restrict people's freedoms or privacy.
- People's risk assessments reflected their priorities, such as retaining their mobility. A person told us, "When we are out they [staff], walk slowly with me. I don't feel rushed."
- Risk assessments and support plans identified factors which increased people's risks and details of other professionals involved, where appropriate. This enabled staff to support people safely and liaise with other agencies.
- The registered manager ensured wider risks to people's safety had been considered, for example people's smoke alarms and carbon monoxide detectors were tested at their service reviews to ensure they worked. There was a snow plan to ensure calls could be covered in bad weather.
- People and CAREGiver's could access assistance through a 24 hour on-call system.

Staffing and recruitment

- There were sufficient staff deployed to provide people with timely care.
- People told us they experienced continuity in their CAREGivers. A person said, "I get a regular group of staff and the senior carer [staff name] knows me well." Processes were in place to ensure staff's availability was known and they were scheduled to cover calls well in advance.
- People told us they received their care at the times they wanted. Processes were in place to enable the provider to monitor the time care was delivered and to take any required action. A staff member said, "We

have 15 minutes leeway if a care call runs over so this removes the stress of being late for the next call."

- The provider had processes to attract and keep staff.
- They followed rigorous recruitment processes, to ensure suitable staff with the right attitudes and values were recruited. Relevant safety checks were made upon staff prior to their offer of employment.

Using medicines safely

- People received their medicines as prescribed.
- People received their medicines from staff who had been medicines trained and had regular assessments of their competency.
- Staff had specific written instructions for medicines which required greater scrutiny for people's safety. People were prompted by staff to take their medicines where required, to promote their independence. Staff had recently been instructed to record these prompts on a medicine administration record (MAR), in accordance with good practice.
- Staff hand wrote people's medicines on their MAR and they were not double signed by staff which is good practice to avoid errors. The registered manager was taking action to source an electronic medicines administration record sheet which will address this issue.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training.
- Staff understood their responsibilities to prevent infection and told us there were supplies of gloves and aprons.
- People's care plans provided staff with written guidance about how to minimise the risk of infection. Staff were required to check people's foods remained in date and safe for them to eat.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns and record safety incidents.
- The provider ensured any incidents were reviewed and any actions taken for people. This reduced the risk of repetition.
- Staff told us they were updated on any learning from incidents at their meetings.

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

Good: ☐ 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

- The provider assessed people's care needs to determine if the service was suitable for them.
- One person confirmed, "[Name of nominated individual] did a long assessment with me. He was very thorough."
- Assessments took into account people's physical, mental health and social care needs.
- People's care plans identified the expected outcome for them from the delivery of each aspect of their care. People's care delivery considered national standards, guidance and the law.

Staff support: induction, training, skills and experience

- People reported staff were well trained and experienced.
- Staff received a face to face induction to their role and completed the social care industry standard induction. They also completed training specific to the needs of the people whose care they provided.
- A staff member said this was their first role in social care and they found the training to be, "Very thorough." A professional told us how they had given CAREGivers a talk on dementia and said, "They were eager to learn and apply their learning."
- Staff were supported with their continuing professional development; seven of the 31 CAREGivers held a professional qualification in health or social care.
- Staff received supervision of their work, unannounced direct observations of their practice and an annual appraisal. This enabled the provider to quickly identify if a CAREGiver required additional training or support to deliver effective care.

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

- People's care plans reflected their needs and preferences in relation to nutrition and hydration.
- Care plans detailed how associated risks were to be managed safely.
- Staff had sufficient time allocated to provide people with freshly cooked meals. Staff recorded what food and fluids had been provided.
- Staff ensured people were given sufficient food and drinks for their needs between visits. Staff placed these where people could reach them. A person confirmed, staff left them with a hot flask as per their care plan.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to plan people's transfer between services.
- Staff understood their responsibility to report any changes in people's needs to either the Senior CAREGivers or the office. Senior staff then determined if a referral was required to an external service,

considering the person's wishes.

- Office staff held a daily 'huddle' to ensure any relevant information was shared and actioned.
- CAREGivers completed a communications log in people's care notes. They also used shared information via secure mobile phone applications.
- Staff shared information about people's care between them as required and with relevant agencies.

Supporting people to live healthier lives, access healthcare services and support

- Staff were provided with information about people's medical conditions and how they impacted upon them. People felt well supported by staff to ensure their healthcare needs were met. They told us staff liaised with both their families and professionals. A person said, "The carer was present when I had my physiotherapy assessment, to ensure they understood how to support me with my exercises."

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.
- Staff told us they sought people's consent to their care, which records confirmed.
- Where people had a power of attorney in place, staff obtained a copy and checked its validity.
- Staff had received MCA training which they had updated through their supervisions and discussions in staff meetings. CAREGivers understood the application of the MCA in their day to day work with people.
- Where people lacked capacity a best interest decision was documented involving relevant parties. However, the outcome of one MCA had not been documented. It is good practice to record the outcome of all MCA assessments. Staff had completed a MCA assessment and best interest decision for another person. Staff told us the person had capacity to make the decision, therefore it was not actually required. We brought this to the registered manager's attention for them to review with the relevant staff.

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- People unanimously told us staff treated them with kindness, empathy and compassion. This was supported by numerous written compliments received by the service and positive feedback from professionals.
- One professional told us, "[Name of nominated individual] and his team definitely 'go the extra mile' to provide good care in a caring way. The commitment to the Music and Memories café is evidence to this. The whole team work hard to provide this extra resource to give a fantastic extra experience for their clients."
- One person told us, "They [CAREGivers] give me a hug at each visit."
- One CAREGiver had identified the distress to a person from the loss of an item of great sentimental value to them. The CAREGiver went out of their way to reunite them, which brought the person huge relief and pleasure.
- Another CAREGiver regularly gave their own time to support people at the provider's 'Music and Memories' café.
- The provider recognised the diversity of people's individual backgrounds. In response they recruited a range of staff, of different genders, ages and professional backgrounds to provide their care. People and CAREGivers were then matched taking into account their background and preferences. Both parties were asked about the suitability of a match and then introduced.
- A person told us how they and their CAREGiver shared the same professional background. This enabled them to feel the CAREGiver really understood them and shared their interests.
- Staff recruitment focused on attracting staff who shared the providers values and the promotion of equality, diversity and inclusion.
- Care plans provided specific information about how people's care and support was provided to ensure their protected characteristics were respected.

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

- People were very much involved in decisions about their care. A person said, "Staff listen to my wishes."
- If people lived with dementia, their care plan documented how they were to be involved in making decisions.
- People's relatives were involved if the person wished.
- People were provided with written information about their care. They could also access useful and relevant information through the provider's website and newsletter.
- CAREGivers were allocated sufficient time to provide people with personalised care and to build positive relationships with them.

- People's calls were a minimum of one hour, which enabled CAREGivers to provide unrushed care. A CAREGiver told us, "It's so important to have a chat." A person told us, "We have a chat whilst she [name of care staff] is here."

Respecting and promoting people's privacy, dignity and independence

- People told us staff understood and respected their privacy and dignity needs.
- Staff had undertaken relevant training and spot observations were completed of their practice.
- Staff did not wear uniforms, but carried their identity badges, this ensured they 'blended in.' A staff member told us how when they took a person out in the community. They looked like 'Two friends out together,' which was more dignified for the person.
- Staff recognised and understood people's desire to maintain their independence and ensured this was respected. A person told us, "In the shower they [CAREGivers] encourage my independence."
- People's information was stored securely. Staff had undertaken relevant training and understood their responsibilities with regards to the management of people's personal information.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in their care planning.
- Care plans were highly personalised and reflected people's: ethnicity, needs, protected characteristics, background, preferences, routines, aspirations and wishes about their care. For example, a person's care plan noted they liked a glass of wine with their dinner.
- Staff read and understood people's care plans. People's care plans were then regularly reviewed with them to ensure they remained relevant. One person told us, "In the first week we changed the plan quite a bit and added things in until we got it right."
- The service was responsive to people's wishes and changes in their care needs. Additional visits could be scheduled. A person confirmed their care had recently increased as their needs had changed.
- CAREGivers took people out into the community as required. Staff went the extra mile to identify with people what they had done in the past and was of interest to them. They supported people to pursue their interests and goals. A CAREGiver told us how they took a person living with dementia to a place that reminded them of their former hobby. This enabled them to stay connected to their personal history. Other people were re-connected with their former interests of knitting and singing through the provider's café.
- The service took an active role locally. The provider had set up a community based 'Music and Memories' café, for people living with dementia. They worked with the local Dementia Friends group, who provided the venue, to set up the project. It was run for both the benefit of those who used the service, and those who lived in the local community.
- People benefited greatly from the companionship and support at the café, whilst they participated in music and craft. People had also been involved in making Christmas hampers for the local hospital. This gave people a sense of purpose and the opportunity to contribute. A relative reported what a positive impact the café had on their loved one, stating it had re-ignited their old interests. Another person had written, "Thank you so much this really has made such a difference to me."
- Staff were aware of, understood and recorded factors which could impact upon people's communication needs. Staff told us of a person's hearing impairment and how it impacted upon their daily life. The provider was able to produce information for people in different formats if required.

Improving care quality in response to complaints or concerns

- Staff listened to people's feedback and acted upon it.
- People were provided with the provider's complaints policy and felt able to raise issues if they wished. One person said, "I had a minor issue which I raised with the owner and he addressed it."
- Processes and procedures were in place to investigate any complaints received. Where a complaint had been received immediate action had been taken to address the issue for the person.

End of life care and support

- The service was not currently supporting anyone at the end of life. Staff had access to guidance, policies and templates. Staff could access training and a number had completed training in their former career, prior to becoming a CAREGiver.
- Staff were very skilled at initiating conversations with people about their wishes and preferences for their end of life care. Records demonstrated such conversations were conducted very sensitively with the person's wishes paramount.
- Staff clearly recognised people's right to choice and autonomy about their end of life care and supported them to achieve their wishes.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People felt the provider was very involved in the service. The service was family run and the provider was very, 'hands on.' They worked full time in the office supporting their team. They knew all the staff and most people personally, having completed their initial assessments.
- Staff felt supported, respected and valued. Their ideas to improve the service were actively sought, listened to and implemented. They felt any questions they asked were valid and addressed.
- Their achievements were acknowledged and celebrated. CAREGivers who went the 'extra mile' were acknowledged and rewarded by the provider.
- The newsletter celebrated staff's achievement, coming in the top 20 of the 'Home Care Provider' awards for the South East region in 2018. These awards are based upon people's positive feedback on the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People reported the service was well run.
- There had been a recent change in management and there was a new registered manager. They had previously worked at another Home Instead Senior Care franchise. Therefore, they were experienced and familiar with the brand's processes, policies and systems. They understood their role and responsibilities and ensured any required notifications had been submitted to CQC, as required.
- Staff had clear job descriptions. They were provided with relevant information about their role, such as the employee handbook.
- CAREGivers were required to read and familiarise themselves with the provider's policies to instruct them about how people's care was to be provided.

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

- The provider engaged people, through their on-going monitoring of service delivery and reviews. People and their relative's ideas were listened to and acted upon, to improve their experience of the service provided.
- People living with dementia were offered photos of their CAREGivers to help them recognise them.
- The provider engaged staff in the service. One of the directors had produced files for each 'key line of enquiry' which underpin CQC inspections. These were used, alongside people's feedback at staff meetings, to enable staff to understand and reflect upon how they met them. A director told us, "If staff understand the

KLOEs then they are in a better place to deliver high quality care to their clients." This ensured all staff had a shared understanding of what good care looked like, how quality of delivery of care was measured and how well people thought they were doing.

Continuous learning and improving care

- The provider had a clear focus on continuous improvement.
- The registered manager ensured different aspects of the service were regularly audited to identify any issues and areas for improvement. Where issues had been identified relevant action had been taken to improve.
- The Home Instead Senior Care national office completed their own audits of the service. Where issues had been identified, action had been taken to improve.
- The provider was also seeking the input of an external consultant to review their operations and advise on areas for improvement.

Working in partnership with others

- The service was transparent and worked collaboratively with all relevant external stakeholders and agencies.
- They worked with local charities to develop services for people. It worked in partnership with other services to ensure people received seamless, joined up care.