

P G Keohane Limited

Home Instead Senior Care

Inspection report

Beacontree Court
Gillette Way
Reading
RG2 0BS

Tel: 01189099108

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 13 March 2018.

Home Instead Senior Care- Reading is a domiciliary care agency. It provides care to people living in their own homes. Not everyone using the service receives a regulated activity. Approximately 48 of 70 people receive a regulated activity. The Care Quality Commission only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. The agency provides a service to older adults.

At the last inspection, on 16 February 2016, the service was rated as good in all domains and therefore overall good. At this inspection we found the service was still rated as overall good but the responsive domain was rated as outstanding.

There was a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, staff and visitors were protected from harm by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect the people in their care and knew what action to take if they identified any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them, as far as possible.

Care staff followed the medication procedure, completed medicine care plans and recorded medicine administration as safely as they could. People benefitted from adequate staffing because the service did not accept a package of care unless they were able to provide staffing to meet the individual's needs safely. The service followed a robust recruitment process.

People were supported staff who were appropriately trained and well supported to make sure they could meet people's varied needs. Care staff were effective in meeting people's needs as described in plans of care. The service worked closely with health and other professionals to ensure they were able to meet people's needs, as appropriate.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by a highly committed staff team who delivered care with kindness, respect and understanding. They built caring relationships with people to enable them to meet their needs more sensitively. The service and care staff were aware of people's equality and diversity needs and endeavoured to meet them.

The service was person centred and exceptionally responsive to people's individual's needs. It adapted and changed care packages in response to people's choices and specific needs. People's needs were regularly reviewed to ensure the care provided was up-to-date. Care plans included information to ensure people's communication needs were understood.

The registered manager and the management team ensured the service was very well-led. The provider, registered manager, management team and office staff were described by staff as amazingly supportive, open and approachable. The registered manager and her team were totally committed to ensuring there was no discrimination relating to staff or people in the service. The quality of care the service provided was continually assessed, reviewed and improved.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service has improved to outstanding.

The service is exceptionally responsive to people's individual needs.

The service is totally committed to ensuring good outcomes for people.

The service is extraordinarily flexible to enable them to meet people's individual needs.

The service is extremely person centred and put people at the centre of all they do.

The staff team fully understand discrimination, equality and diversity and how these areas are addressed in their daily work.

Outstanding ☆

Is the service well-led?

The service remains well-led.

Good ●

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.

The inspection was announced and took place on 13 March 2018. The service was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report, responses to a questionnaire sent to people, relatives and other professionals. The registered manager had not sent us any notifications as no notifiable events had occurred. A notification is information about important events which the service is required to tell us about by law.

We reviewed the information we received in response to a questionnaire sent to people who use the service, families and friends, staff and professionals the service works with. People returned 16 of 37 sent. Staff returned 15 of 44 sent, relatives returned 6 of 37 sent and professionals returned three of three sent. All comments received were very positive with one member of staff noting some minor personal concerns.

We looked at paperwork for five people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records. We looked at six staff recruitment files for staff who had been appointed in the preceding 12 months.

We requested information from 13 people who use the service or their agreed representatives. We received

five responses. We spoke with five staff members, on the day of the visit and requested information from a further ten. We received one response. On the day of the inspection we spent time with the registered manager and the provider. We requested information from four professionals, including the local safeguarding team. We received responses from two. We did not receive any negative comments from respondents.

Is the service safe?

Our findings

People were kept safe and were protected, as far as possible, from any form of abuse. People told us, "We are very satisfied and pleased with the care." Another answered, "Yes" they were safe and well-treated.

The service had not made any safeguarding referrals in the preceding 12 months. The local authority safeguarding team told us they had not received any information about the service. Care staff (called Care givers) were trained in safeguarding people and fully understood their responsibilities in relation to keeping people safe. Care givers were confident that any of the management team and the provider would take immediate action to ensure the safety of people. They were all aware of the whistleblowing policy and would use it if required.

People and staff continued to be kept as safe from harm as possible. Health and safety training was provided regularly and safety was addressed by generic health and safety, environmental and individual risk assessments. Generic risk assessments included lone worker and lifting and handling. Individual's risk assessments covered areas such as mobility and dietary requirements. Risk assessments informed care plans which advised staff of the safest way to provide care.

People's safety was further promoted because the service learned from accidents and incidents. Accident and incident reports recorded what had happened and the action taken. Very few accidents or incidents occurred and the registered manager reviewed each one to decide if any further action or learning was needed. The service provided staff with information to use in event of an emergency situation arising (business continuity plan). This included loss of essential services, shortages of staff and adverse weather conditions.

People were supported to take their medicines safely. Medicine administration records reflected whether medicines had been given at the right time and in the right quantities. Care plans contained detail about how the person was to be supported to take their medicines safely. Care givers were provided with enough information to enable them to identify what their responsibilities with regard to medicines were. People were supported by staff who were trained and competency tested to ensure they were able to administer medicines safely. Competency assessment records were kept which showed they were repeated at 12 monthly intervals, as a minimum.

People were supported by staff who were safe and suitable to work with them. The recruitment processes included safety checks on prospective applicants which were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults and application forms were fully completed.

People's needs were met safely because care packages were only agreed if the service had enough appropriately skilled staff to meet people's needs.

Is the service effective?

Our findings

People were provided with effective care by staff who were suitably trained and skilled to enable them to meet people's changing individual needs. Specialised training was provided to meet people's diverse needs. These included end of life care and areas such as specialised feeding systems. Staff were provided with induction training and completed the nationally recognised care certificate. Staff members described training as, "Outstanding" and said, "I have learnt so much." They told us they felt it was imperative that staff were well-trained and the service really, "Met the mark." Staff also commented that the induction was, "Excellent."

Staff felt they were exceptionally well supported by the registered manager, senior staff and office staff. Care givers received regular one to one supervisions, 'spot checks' and annual appraisals. Care givers told us they could ask for help or assistance at any time. One staff member said, "The manager and senior staff are always available. You can ask anything and are never made to feel you asked a silly question."

People continued to be supported to meet their health and well-being needs, as specified on individual plans of care. The service worked closely with community health professionals to ensure health needs were met in the best way possible, if appropriate to the support being offered. For instance some people's health needs were met by relatives but others were supported by the service. For example, one person's mental health was deteriorating quickly. The service took the initiative to involve social care and mental health professionals to ensure the person's needs were met effectively.

Care givers ensured people were supported with their nutritional requirements, if this formed part of their identified needs. Care plans and risk assessments included the necessary information to enable staff to offer people the right amount of help to eat and drink. Appropriate daily records were kept, if necessary. Staff were trained in food hygiene and other nutritional issues if they were supporting people in this area.

People, their families and other relevant people, as appropriate remained involved in the assessment process and deciding what care they wanted and needed. They, their legal representative or permitted relative signed to say they agreed with the content of the care plan. Care plans were fully completed and contained all the necessary information to enable staff to provide good quality care.

People's rights continued to be upheld by a staff and management team who understood issues of consent and decision making. Care plans included information with regard to people's ability to make decisions about particular areas of the care they received. For example, 'can choose their own clothes on a daily basis'. If others were legally able to make decisions on people's behalf (power of attorney for finances and /or health and welfare), the paperwork to confirm this was held on people's files.

The service understood the Mental Capacity Act 2005 (MCA). The 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 the community people can only be deprived of liberties if agreed by the Court of Protection. The service did not offer a service to anyone whose liberty was restricted. However, they were fully aware of the action to take if it became necessary.

Is the service caring?

Our findings

People told us care staff were, "Caring and compassionate." A professional who works with the service told us, "... the staff whom the organisation have recruited hold genuinely compassionate values for the people they are to support and have considerable life experience that can enhance the relationships they are able to build with users of the service." Staff expressed views that demonstrated their care and compassion for people. Examples included, "The care offered is very good. Caring for people is a very rewarding way of using my time." Another said, "This job (caring for people) gives excellent job satisfaction."

People were provided with care by staff who ensured they established caring relationships with people. Relationship building was encouraged by each Care giver having a core of people they supported on a regular basis. Care staff told us that their ability to continue to build relationships was enhanced because calls were generally, no shorter than one hour. This meant they had the time to talk to people whilst they were fulfilling their practical tasks. A staff member said, "We have at least an hour with every client so are able to forge a caring and supportive bond. Should any issues arise whilst supporting a client, the office team and my supervisor are there to offer guidance and support to me as a care worker making sure of the best possible outcome." Care givers spoke very respectfully about people and described how interesting and important people were.

People's diverse physical, emotional and spiritual needs continued to be met by staff who were provided with information to enable them to meet those needs, as necessary. People's life history, religious, cultural and lifestyle choices were noted in care plans, as appropriate to the care package they were receiving. The service matched people with care staff who had the skills, training and characteristics to meet their individual needs. For example, one person was 'matched' with a small group of Care givers who were outgoing and cheerful. This met their preference for staff they could talk to and 'have a laugh' with.

Care givers supported people to maintain as much independence as they were able/chose to. Risk assessments supported people to be as independent as they were able to be, as safely as possible. Examples included personal care and mobility.

People continued to be given information about the service via leaflets, service agreements, on-line systems and face to face contacts. People were encouraged to give their views of the service in various ways. Examples included, senior staff completing 'spot checks' on care staff and asking people's opinion of the care they received. Three monthly service reviews were held and surveys were sent to people and other interested parties every year.

People's methods of communication were noted on care plans, as necessary. They enabled staff to communicate with people in the way they needed to and noted how people should be provided with information about the service and their care.

Personal information relating to people was kept securely and confidentially in the care office. People kept their own records in their home in a place of their choice. The provider had a confidentiality policy which

care staff understood and adhered to.

Is the service responsive?

Our findings

The registered manager and staff team were exceptionally responsive to enable them to meet people's complex and changing needs. One person commented, "The service is very respondent to my needs. For instance, when I was ill and needed more short term care, they were able to provide it for me within 24 hours, involving the carers I knew. They are also very amenable to me cancelling the service when I go visiting family." Another said, "They are flexible and do their best to provide additional cover at short notice." Other comments included, "A very friendly and helpful service who are flexible in support requested" and, "An excellent service and they go above and beyond of what is required of them." A staff member told us, "The service is very flexible and caring to clients and staff." They described how they were offered support by the management team and office staff when waiting for an ambulance to arrive to assist a person who was seriously ill.

The service presented examples of excellent responsive practice. These included how they have supported someone with their rehabilitation to enable them to gain strength and confidence to become more independent. A person whose condition was declining was discharged from hospital. On discharge they required four, two person calls a day and it was considered to be unsafe for them to perform any personal care tasks or move about the house unaided. The service identified techniques required to ensure safety and support the rehabilitation process. The agreed goal with the person was to encourage them to gradually start to do more for themselves. And become less reliant on Care givers. Over a 10 week period the Home Instead team had provided the physical support to achieve this and had encouraged the individual to gain confidence (within the limitations of their body). They went from two Care givers four times daily to two Care givers in the morning with all other calls supported by one Care giver. Further progress has meant that the person now received support from one carer three times a day. As a result the person had regained some independence, gained confidence and was enjoying life more. They were hoping to enhance their lifestyle further by continuing with social activities they had done prior to the hospital admission. The person's four week quality assurance review stated, "This is a first class service nothing to improve."

A person had been receiving a service for one year when their health and well-being began to decline, quickly. They were not eating well and were losing the motivation/desire to get out of bed most days. During this period, the Home Instead Care givers were in regular contact with the person's family. As the individual's condition deteriorated, the team worked more closely with their family and the local medical support team (Occupational Therapists and their GP). The priorities for care changed to helping them to be comfortable in an end of life situation. The Home Instead team of Care givers who had previously received specific training in end of life care focussed on keeping the person comfortable in their last few days. The person died at home in comfortable and familiar surroundings, as they wanted to, because of the joint working of the family, professionals and the service. The person's family were extremely pleased with the care the service was able to provide. They commented, "Thanks for the wonderful care and compassion which you showed my [family member] during their final days."

A person who has been supported to live independently since 2016 had recently decided to attend a social club in the evenings. The service was consequently requested to provide a later night call. The service had

granted this request which meant the person was able to extend their social contacts, participate in evening activities and enhance their enjoyment of their lifestyle.

A person who has physical limitations has a major interest in live music and cinema. They chose Home Instead after a number of less favourable experiences with other care providers. As their confidence grew, the person started to attend shows and music venues. This led to them needing assistance to go to bed after their night out. They requested late night calls for these occasions as without support their family could not get them to bed. When they want to go out, they call Home Instead to provide late night support. This meant the person could enjoy a social life and had meaningful activities to look forward to.

The service continued to keep information on individual people, their history, likes and dislikes. Discrimination was understood by the registered manager and the staff team. They knew how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles. Care givers told us there was, "Excellent" communication between them and office staff, office staff and people who use the service and management at all levels.

The service recognised the value of diversity within the staff group and used staff differences to the benefit of people who use the service. They 'matched' staff, as far as possible, to people's preferences and life experiences. They understood different cultures and the needs of people within cultures and with different life choices. For example, they ensured younger people were allocated Care givers who understood popular culture and were able to discuss it. For one person the service recognised they may have difficulty relating to a Care giver from a particular background. The family members had not considered this as an issue but the service was correct in it's assessment. They consequently provided a Care giver from a background that did not cause any issues for people.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff and people were able to communicate as effectively as possible. The plans detailed how people communicate their feelings, emotions and choices so that staff may assist to meet their needs. The service additionally, used communication methods such as Facebook, Newsletters and E-mails.

The service had a robust complaints procedure which was produced in a user friendly format. The service had received no complaints since the last inspection. People told us they knew how to make a complaint, but had never needed to do so. The service had not received any complaints since the last inspection but had received numerous compliments with regard to the service and care provided. These included sentiments such as, "I have nothing but praise for your service." "I am really pleased with the help my parents are receiving and would like to say how much better they are now than a year ago." "HISC are wonderful and nothing is too much trouble..." And, "The standard of care was impeccable and for that I am extremely grateful."

Is the service well-led?

Our findings

People benefitted from an extremely well-led service. The registered manager was experienced in care, qualified in care and management and had been in post since March 2015. People and staff had positive comments about the registered manager and the management team (including the provider.) Staff said, "The back up from the office is excellent and the registered manager is fantastically flexible and caring." The provider was described as a, "Wonderful boss." Another said, "The support staff are excellent and the team atmosphere is excellent." These comments reflected the views of the six staff we communicated with. The registered manager was well-supported by the provider and the office staff team. The provider and registered manager were supported by the Home Instead Senior Care franchise who kept the service up-to-date with legislation and best practice issues.

People received care from a staff team who fully accepted the values of the service. For example, the service completed three days of induction with staff prior to offering them a post. During the three days senior staff observed candidate's commitment to learning, their values and attitudes. They ensured candidates accepted the service's values and behaved accordingly. Staff were monitored with regard to their values and attitudes and issued with certificates for 'exemplary attitudes in upholding Home Instead standards' when they met them consistently.

People and staff were given opportunities to express their views and opinions of the service. Staff told us they felt they were always highly valued and their ideas and opinions were listened to. They told us that action was taken as appropriate. One staff member gave an example of suggesting a particular tracking chart could be developed to monitor a person's specific health issue. They told us this had been completed immediately and the tracking chart assisted the person to receive the best health care. The service ran several schemes to acknowledge how valuable individual staff were to the company. For example, there was a Care giver of the year award, a newcomer of the year award and an outstanding achievement award. Cards were sent to staff to acknowledge their flexibility, support of colleagues or other good practice. They were also sent to acknowledge if staff had had a particularly difficult time either professionally or personally. Staff told us these acknowledgements made a difference to them and the way they felt about their work. Staff were very proud of the service and the standard of care they provided. The service held regular staff and office meetings which included elements of training and learning opportunities.

People were encouraged to tell the service what they thought about their care by a variety of methods. These included quality surveys, care plan reviews and regular 'spot checks' of care staff where people were asked their views on individual staff and the service, in general. The annual survey was conducted by an external company who feedback the results to the service. The provider and registered manager analysed the findings and took any necessary actions to rectify any concerns or shortfalls identified.

People received good quality care which continued to be reviewed, maintained and improved, as necessary. A number of quality assurance systems were used to review the service. These included three monthly compliance review meetings, a check on the standards of the Franchise agreement and an annual quality survey.

Actions were taken as a result of the auditing systems and listening to the views of people, staff and other interested parties. Examples included, reviewing staff contracts with regard to the possible introduction of some guaranteed hour's contracts and an on-line system (combined with the use of smart phones). This system included monitoring calls, scheduling and staff mileage.

People were provided with exceptionally good care because the service worked with other professionals and in the community to ensure people's needs were recognised and met, as appropriate. The service engaged with community health professionals and other care providers with regard to individual's needs. The provider was very involved in Dementia friends. He provided training and education about dementia to local community groups and had 'signed up' 727 dementia friends. He and colleagues were encouraging the community to support and integrate people with dementia. The provider had additionally, sponsored a bowling club which provided activities for people with dementia from the community, including people who use the service. Additionally, the service was involved with Trading standards and staff were trained in recognising fraud against the elderly. For example, one staff member prevented a person being defrauded by bogus drive layers. They were also involved in a project to prevent seniors being hospitalised.

People's individual needs were recorded on extremely good quality, up-to-date care plans. They informed staff how to provide care according to their specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audit and staffing records were, accurate and up-to-date. All records were well-kept and easily accessible.