Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Home Instead Senior Care Bagshot

2 Hartdene House, Bridge Road, Bagshot, GU19 5AT

Tel: 01344233147

Date of Inspection: 25 March 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Martin Care Services Ltd
Overview of the service	Home Instead Senior Care is a domiciliary care provider specialising in caring for the elderly.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Management of medicines	8
Requirements relating to workers	9
Supporting workers	10
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 March 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Our inspection was facilitated by the registered manager and a director of the company.

We spoke with people who used the service They told us that the staff were very professional and caring. A relative said, "We're very happy with our relative's care giver and the company". Another relative said, "We think they do a fantastic job. Sometimes my relative can be a bit difficult".

We found that care plans were thorough and that the planned care recognised the needs and preferences of people who used the service. The registered manager told us, "We're really keen on the companionship part of our service. We think the value gets overlooked sometimes".

We noted that the staff induction programme included the safe management of medicines and found staff to be confident in doing so. One told us, "The medication training was good. We use body maps to make sure that patches are put in the right place".

The registered manager told us, "I'm pleased with the calibre of staff we have been able to recruit and we make sure that care standards are maintained". We found that people were cared for by staff who were supported to deliver care safely and to an appropriate standard.

We found that an effective complaints system was in place. A relative said, "I've had no reason to complain about anything. I've found them very responsive and helpful". A director told us, "We haven't received any complaints to date. We look on them as an opportunity to improve our performance".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan.

We reviewed two people's care records and saw that both people who used the service had an assessment of their care needs carried out by a manager of Home Instead. This had enabled the service to decide whether they could meet the care needs of the person concerned. Information obtained from the needs assessment had then been used to inform the care plan. We noted that the care plans had been developed with the help of the people requiring care or support, a relative or representative and had been signed. This meant that the service provider and both people had agreed the care required.

One relative told us, "We always have the same member of staff as far as possible so that my relative is comfortable. My relative mostly requires companionship. That might be someone to read to them, take them to the shops or just sit and talk. It has been a blessing".

We noted that the care documented on people's daily care records was directly linked to the care plan and reflected people's identified needs and preferences. A member of staff told us, "This is the best job I've ever had. It counts for something and makes people's lives better. We record everything that we do on the daily sheets at the client's home. If there are any changes then we phone the office to let them know so that the care plan can be updated". We saw that the care plans we reviewed were very detailed, had been reviewed regularly and that changes had been made as required. This meant that staff were able to provide the required care and support consistently.

We spoke with relatives of people who used the service. One of them told us, "We're very happy with our relative's care giver and the company. They encourage my relative to eat, drink and take their medication regularly. I've noticed a definite improvement in their health".

There were arrangements in place to deal with foreseeable emergencies.

We noted that the induction training for care givers included basic life support and dealing with emergencies they may encounter. Staff that we spoke with were well aware of their responsibility to preserve the health and welfare of people who used the service. The registered manager told us that the company ran an on call system which meant that a member of the management team was available at all times to support staff and people who used the service.

A relative told us, "The managers are in touch frequently by e-mail and phone to make sure that things are OK. We have the office number anyway and can contact them if there's a problem". This meant that staff were trained and that arrangements were in place to support them in the event of a foreseeable emergency.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected from the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to the recording of medicine.

We noted that Home Instead had published a comprehensive policy and procedure on the management of medicines. A director told us that, in general, staff were not involved in the process of receiving medicines on behalf of people who used the service. They told us that the role of care givers was generally limited to prompting people and assisting them to access their medicines, either by removing them from blister packs or helping to affix patches. One relative that we spoke to told us, "I do all the medication for my relative at the moment".

During the inspection the registered manager showed us some Medication Administration Record (MAR) sheets which had been recently completed by staff in respect of people who used the service. We noted that the required entries had been correctly completed with due regard to people's safety and welfare. We also saw that additional notes were included in the daily records completed by staff relating to the assistance they had provided with regard to medicines. The notes were clear and signed in full by the member of staff providing the support. This meant that staff were maintaining clear records of medicines management with regard to the safety and welfare of people who used the service.

Records that we reviewed indicated that all care givers (care staff) had been trained in the management of medicines within the previous 12 months. We reviewed the training material which included a hand book which a director told us had been provided to all staff for reference purposes. One member of staff told us, "The medication training was good. We use body maps to make sure that patches are put in the right place". Both staff that we spoke with appeared confident in their ability to support people with medicines and to record their actions accurately. This meant that staff had received training to support people with their medicines.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for or supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

We saw that the service had in place a selection and recruitment policy for new staff. This required a written application followed by an interview with the manager. The policy required that written references would then be obtained from previous employers. The policy also stated that all applicants would be required to undergo an enhanced disclosure criminal records check through the Disclosure and Barring Service (DBS). This meant that the service had been able to consider any previously recorded matters that might have indicated that an applicant was unsuitable for the role.

Appropriate checks were undertaken before staff began work. Proof of identity and entitlement to work in the UK were also required from each candidate. We checked the recruitment records of three members of staff and these confirmed that the service policy had been complied with. Staff told us that, they had not been allowed to start work for the company until all checks had been completed. One said, "I was lucky. I already had a job and didn't start with Home Instead until all the checks and references had been done and they sent me the offer".

We noted that full employment histories had been obtained from all applicants and that two written references had been obtained in relation to each. This meant that the company was able to make informed decisions about the suitability of applicants and that the company recruitment policy had been complied with.

During telephone conversations, staff that we spoke with confirmed that they had been through the selection process reflected in their recruitment files. One told us, "I thoroughly enjoy my job. The variety and flexibility is brilliant". Relatives of people who used the service told us that staff were very competent and helpful. One told us, "This lot are doing a fantastic job. They're very observant and interested in my relative".

The registered manager told us, "The standard of applicants we interview for the care giver role is very high and they come from all different backgrounds. We see this company developing to fill the gap in the companionship area and so we look for the right people". This meant that the provider had taken steps to ensure that suitable staff were recruited by this service.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We reviewed the records of three staff who had joined the company within the previous nine months. Records confirmed that all had completed an induction training course which had included management of medicines, moving and handling, health and safety and food hygiene. We spoke with these staff who all felt that they had been provided with good training and support. One told us, "The training was good. They break it down and provide you with hand books to refer to". Another said, "I have been involved in care for some time now. The induction training reinforced what I had already learned". A person who used the service told us, "The staff are always talking about training courses they've been on and my impression is that they know what they're doing as far as my care is concerned".

Asked about support in the role, one of the staff said, "Once you complete your induction you shadow an experienced member of staff until they're happy with you. The managers come out and introduce you to the clients as well, that really helps. Your probation lasts three months". This meant that new staff were able to learn by watching experienced colleagues providing care safely before they were allowed to work alone.

The registered manager told us that, as part of the supervision process, they met members of staff unannounced and observed them providing care. We saw records confirming this and that staff had been provided with feedback as part of their development. One member of staff told us, "On two occasions a manager has turned up and carried out a spot check on a visit. It's quite nice to see them actually. They watch what you do, make notes and then talk to you about it afterwards. I signed the notes and I'm sure they go on your file". This meant that managers were able to maintain standards and identify and training or development needs for staff.

A director told us that all care givers were subject to an annual performance appraisal. One of the staff we spoke with had an annual appraisal recently. They told us "It was a very good meeting. The management are very enthusiastic about the future of the company and it's good to be part of that".

The registered manager told us that the company ran an on call system which meant that a member of the management team was available at all times to support staff and people

who used the service. One care giver told us, "We can contact the office or the on call at any time if we get a problem or need to let them know about a change in the care". Another told us, "Ideally they want us all to do the national diploma and be better qualified. The have told me they will support me to do it". This meant that the service supported staff to achieve further qualifications.

We spoke with relatives of people who used the service and they told us that the staff they saw were very kind and efficient. One told us, "I couldn't fault the care they provide for my relative and the managers play a big part in that".

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system in place. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system and material was provided in a format that met their needs.

We noted that the service published a comprehensive complaints procedure. The registered manager told us that they visited prospective clients who were provided with a Home Instead information pack called 'To us, it's personal'. This included information on making complaints about the service. We saw that this pack included a copy of the Care Quality Commission (CQC) brochure, 'What standards to expect from the regulation of agencies that provide care in your own home'. The registered manager told us that when they carried out an assessment of potential clients they would always talk them through the material in the information pack and this included information on complaints. This enabled the registered manager to assess the appropriate format in which to provide the information to people and their relatives.

We asked to see the service complaints records and we noted that no complaints had been received since the service was registered in January 2012. The records provided space to record the date and nature of the complaint as well as the progress of any investigation and the final outcome. A member of staff told us, "I know about the complaints procedure but so far no-one has complained to me or about me". A relative of a person that used the service said, "I've had no reason to complain about anything so far. I've found them very responsive and helpful.
If I wanted to complain about anything I would speak to one of the managers direct". This meant that people and their relatives were aware of the complaints system and would be confident in using it.

The registered manager told us, "We are in touch with our clients very regularly and would hope to know very quickly if they were unhappy. We haven't received any complaints to date, but we look on them as an opportunity to improve our performance".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.