

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

Home Instead Senior Care

Suite 9, Crest House, 102-104 Church Road,
Teddington, TW11 8PY

Tel: 02086141424

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Jardine Care Limited
Overview of the service	Home Instead is an agency that provides companionship, shopping, support and personal care to people in their own homes. The agency is based in Teddington and provides a service to people living in the borough of Richmond upon Thames.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 16 May 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We gathered evidence against the outcomes we inspected to help answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? We gathered information from people who used the service by telephoning them and their relatives.

Below is a summary of what we found. The summary is based on evidence we collected from speaking with people who used the service, their representatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

People told us they felt safe. The provider had safeguarding procedures that were robust and staff understood how to safeguard people they supported. People told us that they felt their rights and dignity were respected. One person told us, "The management are always very contactable and give good advice on any issues". Another said: "The staff are always professional and well-trained".

Systems were in place to make sure that managers and staff were able to deal with and learn from events such as accidents and incidents, complaints and concerns. The provider's systems reduced the risks to people and helped the service to continually improve.

Staff told us they referred to people's care plans when providing care. People we spoke with confirmed that care workers always carried out the care routines that were detailed in their care plans. This showed that people received the care and support they expected, and they had not been put at unnecessary risk by care workers not delivering appropriate care.

The provider had effective procedures that ensured people were cared for by staff who had the right skills and experience. The provider had effective recruitment procedures and had provided staff with relevant training and support. This helped to ensure that people's needs were met by staff who understood people's needs. People told us that it was important to them that they had consistent care workers. The provider had sought to ensure that people received care and support from the same team of care workers. People we spoke with confirmed that this happened most of the time.

The provider had procedures in place that identified good and poor practice. Staff received refresher or additional training if their care practice had been identified as falling below expected standards. The provider had an effective complaints procedure that ensured complaints were thoroughly investigated. The provider ensured that lessons were learnt from complaints and incidents and risks to people were effectively managed.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While the manager informed us that no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Is the service effective?

People's health and care needs were assessed with them or their representatives. People told us that they and anyone else they chose were involved in the development of their plans of care. Where required, specialist input into care plans had been provided by other health and social care professionals. Care plans were regularly reviewed and kept up to date. That meant people's care plans reflected their current needs.

Is the service caring?

We asked five people for their opinions about the service and staff that supported them. People were complimentary about the service. One person told us, "They are fantastic and go above and beyond". Another person told us, "They are very caring and Mum is very comfortable with them". People told us that what mattered most to them was that they were supported by care workers they knew; that care workers came at times they expected and completed all care routines. People told us that care workers were usually punctual and that they carried out the care routines they expected. They described care workers as kind and caring.

We spoke with care workers who demonstrated that they genuinely cared for and understood the needs of the people they supported. Care workers knew what their responsibilities were in relation to identifying and reporting abuse.

People who used the service and their representatives provided feed-back through an annual satisfaction survey and regular reviews of care. The provider had responded to what people had said. Where shortfalls or concerns were raised these were taken on board and dealt with.

People's preferences, interests, aspirations and diverse needs had been recorded in their care plans and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People knew how to make a complaint if they were unhappy. No one we spoke with had

ever had to make a complaint. The provider had made the complaints procedure available to people and had systems in place to respond to concerns and complaints. This meant people could be assured that the provider took concerns seriously and investigated them and made improvements.

The provider worked closely with other services to make sure people received support with their health.

Is the service well-led?

The provider had a system for monitoring the quality of service that had been provided. This included regular contact with people as well as feedback questionnaires. People and their relatives were welcome to provide their views and suggestions.

Staff we spoke with were clear about their roles and responsibilities. Staff had a good understanding of the aims of the service. Staff were supported through supervision and training and had opportunities to further develop their knowledge and skills. This helped to ensure that people received a good quality service at all times.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and support choices available to them because they or their representatives had been involved in the assessments of their needs. The provider regularly contacted people and discussed their care plans.

Reviews had taken place at people's homes and relatives had been invited to participate, especially where a person lacked ability to actively participate in a review. People had access to their care plan. People spoke very favourably about the care workers who looked after them and told us that care workers had always carried out all of the routines in their care plans. One person told us: "They're excellent all the time. They do all the things they should. They are willing and helpful." One relative told us, "They are a small agency but they do a very good job. I've nothing but praise for them".

We asked people about what was most important to them. They told us the most important thing to them was that they were supported by regular and consistent care workers who understood their needs. People told us that this was one of the service's strengths. The service had recently employed a new care-coordinator who would, after appropriate training, take over the coordination of people's care from the manager.

People had expressed their views about the service and were involved in making decisions about their care and support. They had done so when a care supervisor visited them at regular intervals and discussed their care. In addition, office staff telephoned people at regular intervals and asked whether they were satisfied with the care and support they had received.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and their care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People we spoke with told us they were happy with the care they received. One person told us: "They are fantastic. They go above and beyond". A relative told us: "They really take the time to find out what is important to us as a family".

We saw that the provider has a thorough referral and assessment process before commencing care. This included initial contact with the individual where information about services was provided and details of any costs made clear.

The assessment was made with the involvement of the individual, together with anyone else the person chose. Assessments included identifying any risks to people and how staff should address these. Assessments covered any health and social care needs as well as gaining an understanding of the person's social and daily life situation.

We saw that once an agreement to provide a service was made, a contract was provided to people. We also saw that the service made contact with the individual on the first day to check that everything was ok. After two weeks a home visit was carried out by the manager followed up by further visits after six and twelve weeks.

We saw that care plans were drawn up describing the range of services which would be provided. These were signed by the individual and a copy was kept in the person's home.

The manager described how care staff were allocated to people. This was based on compatibility with the individual's interests and needs and the care worker's experience. It was not based on geography or distance alone.

For people with dementia, or dementia-like symptoms the provider compiled a "Life Journey" which helped care staff to talk about topics that were meaningful to the person and would help reassure them.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We saw that the service maintained good links with other agencies. These included local social services, ambulance services, GPs, Police and other care agencies which provided services for people.

People we spoke with told us that they were pleased with the way the service was able to provide advice and guidance on care issues and help in making contact with other services.

The service had policies and procedures which emphasised the rights of people who used the service to being treated with dignity and this applied to communications between the service and other agencies. This included ensuring that information was shared in a confidential manner and only information which was relevant to the person's care needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People we spoke with told us they felt safe and comfortable with the care staff. One person told us: "The agency takes time to introduce you to the carers". Another said: "They are marvellous. I didn't feel pressurised into anything, they took time to explain and make me feel comfortable."

The provider and manager were able to demonstrate sound awareness of the importance of protecting people from harm. They were able to confirm that the Pan-London safeguarding procedures were used and had up to date contacts for local social services safeguarding teams. Policies and procedures confirmed that safeguarding was a specific topic that staff needed to be familiar with.

We saw evidence that training had been provided to staff in Safeguarding, Food Hygiene, Moving and Handling and Medication. The provider had systems in place which enabled care staff to log incidents and report concerns which the manager would respond to.

Information was provided to people which ensured that people knew who to contact with any complaints or problems. We saw that the provider had also prepared information to people on other "keeping safe" initiatives, such as information on how to protect themselves against fraud and bogus emails.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While the manager informed us that no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We asked how people were consulted and asked for their views. The manager explained that communication with people was on a regular weekly basis to help with addressing people's changing needs. The provider further explained the need for periodic service reviews and their role in improving the quality of care provided. Decisions about care and treatment were made by the appropriate staff at the appropriate level.

We saw evidence of regular internal quality audits, as well as audits carried out externally. These audits were used to form an action plan by the service to look at areas for improvement or development. An audit carried out in April 2014 covered topics such as the recording of medication and financial information, reviewing people's care logs, staff supervision, care reviews and quality assurance.

People we spoke with confirmed that they had been sent feedback questionnaires and that they had received visits by the manager as part of a quality check on their care.

The manager told us that team meetings were held monthly in order to accommodate the care staff and their various schedules. Care staff were expected to attend a meeting at least once every three months.

People we spoke with were happy with the level of contact with the service and the ease with which they could speak to someone. We saw that the service maintained a system for collecting and addressing any comments, concerns and complaints.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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