

Living Comforts Ltd

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Home Instead Senior Care is registered to provide personal care for people who live in their own homes. At the time of our inspection 60 people were receiving personal care.

The inspection took place on 24 January 2017. We gave short notice of the inspection to make sure the people we needed to speak with were available.

A registered manager was in post at the time of our inspection. 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 was run.

People were protected from the risk of potential abuse and told us they felt safe because of the way staff cared for them. Staff took action to care for people in ways which promoted their safety and people's care plans gave clear guidance for staff to follow in order to promote people's well-being. There were enough staff employed to care for people and people and their relatives felt they could rely on staff to provide the care they needed. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely.

People benefited from receiving support from staff with the knowledge and skills to care for them. Staff cared for people in ways which promoted their rights and recognised where people were independent.

There were no mental capacity assessments in place where there were concerns about people's ability to retain information and make decisions. We have made a recommendation regarding this.

Where people needed care so they would have enough to eat and drink this was given by staff. People were supported by staff who understood the risks to people's well-being and worked with people and health professionals where needed, so people were supported to maintain their health.

Caring relationships had been built between people and staff and staff took time to chat to people so they did not become isolated. People were treated with dignity and respect and their right to privacy was taken into account in the way staff cared for them. Staff listened to people and took action to make sure people were receiving their day to day care in the ways they wanted.

People were involved in deciding how their care should be planned and risks to their well-being responded to. Where people were not able to make all of their own decisions the views of their relatives and representatives were acted upon. Care plans and risk assessments were updated as people's needs changed.

People and their relatives knew how to raise any concerns or complaints about the service. Systems for

managing complaints were in place, so any lessons would be learnt.

Staff understood how the registered manager expected people's care to be given so people would receive the care they needed in the way they preferred. People and staff were encouraged to give feedback on the quality of the service and to make suggestions for developing the service further. The registered manager checked the quality of the care provided and introduced changes to develop people's care further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

Medicines were well managed.

Emergency systems had been put in place to keep people, visitors and staff safe.

Good ●

Is the service effective?

The service was not always effective.

Where people could not consent to their care the provider was not always guided by the Mental Capacity Act 2005. We made a recommendation that the service reviews its Mental Capacity Training and assessment processes and how people are supported with their finances.

People were supported to make choices regarding food and drink. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff recognised and promoted the role of family and friends in people's lives.

Good ●

Is the service responsive?

The service was responsive to people's needs.

People received person centred care and support.

People were encouraged to make their views known and the service responded by making changes.

Staff had worked to ensure people had access to healthcare services.

Good ●

Is the service well-led?

The service was well led.

The registered manager and provider demonstrated good leadership and management. They had an open, honest and transparent management style.

The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 24 January 2017 and was announced. We gave senior staff 48 hours' notice of the inspection because we needed to be sure that they would be available. Home Instead Senior Care is registered to provide personal care for people who live in their own homes. At the time of our inspection 60 people were receiving personal care.

The inspection was carried out by an inspector and an Inspection Manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas of concern. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, two care staff, the services trainer, the administrator / recruiter and senior staff who scheduled visits.

Following our visit to the office we spoke to seven people who used the service and/or their relatives to gain their views.

We looked at the care records for eight people. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures. We sampled six staff recruitment files and checked staff training records. We checked records showing the

actions the registered manager had taken when people or their relatives had raised concerns or complaints. We also looked at records about people's safety and saw minutes of meetings with staff.

Is the service safe?

Our findings

People and their relatives told us staff took action to promote people's safety when staff cared for them. People gave us examples of how staff supported them to feel safe so their well-being needs would be met. One person told us the security of their home was important to them and said, "Staff always lock up after themselves, it works well."

Two people we spoke with highlighted how staff encouraged them to go at their own pace when they walked around their home with support from staff. One person told us, "They (staff) never rush me and always reassure me."

One person told us, "Staff always consider risks as I am unsteady on my feet in the morning, and this reassures me." One relative we spoke with told us their family member had regular staff caring for them and they knew the safety and care needs of their relative well.

Staff we spoke with knew the risks to people's safety and explained how they cared for people so risks would be reduced. This included risks to people's physical safety and well-being. One member of staff said, "You make sure people have their pendants (alarms) handy before you leave." Another member of staff told us, "You check for trip hazards, so they [people] don't fall". A further member of staff explained how they made sure people's property was secured and checked they had everything they needed, such as easy access to their telephone, before they left them.

Records showed that staff discussed people's safety needs when people and their relatives first contacted the service to discuss the possibility of beginning to receive care. For example a health and safety assessment of the environment and any suggestion for changes like moving a rug that could be a trip hazard.

Staff were also kept safe and infection control was managed as they could obtain a supply of personal protective equipment (PPE) from their supervisor in the field to ensure they always have plenty of supplies of paperwork and PPE. All staff received a key ring torch to keep them safe in the dark as part of the equipment they receive in their starter kit bag together with a first aid kit for their own use. Replacements were always readily available.

Staff we spoke with understood what signs may indicate a person was at risk of abuse. Staff gave us examples of the signs they would look for, including changes in people's well-being and unexpected marks and bruising. Staff explained some of the actions they would take to keep people as safe as possible. These included taking action to alert senior staff, the registered manager or other organisations with responsibilities for helping to keep people safe.

All the staff we spoke with were confident plans would be put in place by the registered manager to promote people's safety if this was required. People and their relatives told us there were enough staff to meet their care needs and they could rely on staff arriving to support them. One relative told us "A year ago there was

an issue with bathing and getting [name] in and out of the bath, they consulted me about getting an electric bath chair and the problem has now been resolved." One person said "Yes they are on time and stay the time they should and a couple of weeks ago she even came when she had a bad leg." Another person said they could count on staff arriving. The person told us, "They will always check to see if we are ok before they leave."

Staff were also kept safe and infection control was managed as they could obtain a supply of personal protective equipment (PPE) from their supervisor in the field to ensure they always have plenty of supplies of paperwork and PPE. All staff received a key ring torch to keep them safe in the dark as part of the equipment they receive in their starter kit bag together with a first aid kit for their own use. Replacements were always readily available.

The provider monitored staff arriving and leaving people's homes through the use of monitoring software system. This helped the provider monitor that people were receiving their visits but also staff safety in that if staff did not log in using the system they would begin procedures to find out if the member of staff was safe.

Staff we spoke with confirmed there was enough staff to care for people in ways which promoted their safety and gave staff the opportunity to chat to people. One member of staff gave us an example of when they had been unavoidably detained on the way to a person's home. The member of staff said they had contacted the office, and another member of staff attended to the person, so the person received the care they needed with minimum delay. Another member of staff gave us examples of times when additional staffing had been put in place as people's care and safety needs changed.

The registered manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. We also saw the registered manager had obtained references for staff, so they were assured new staff were suitable to work with people.

Some people managed their own medicines, or with help from their relatives. Three people we spoke with were supported by staff to have the medicines they needed to remain well. One person told us, "They [staff] always record what they have given to me, and I get them when I need them."

Another person said as a result of the support they received from staff when taking their medicines, "I have no concerns, and they always make a note of what I have had." A further person told us, "They [staff] make sure my medication is up to scratch."

Staff we spoke with told us they were not allowed to support people with their medicines until they had received training and senior staff had checked they were able to do this safely. Staff we spoke with were aware of the possible impact of people having their medicines too early or late. One member of staff explained how they worked with some people's families, where the families also sometimes administered medicines. The member of staff described the checks they did so they could be sure people were receiving the right amount of medicines from all parties, so they would remain safe.

We saw staff had received specific training so they would develop the skills and knowledge needed to support some people to have specific medicines. We also saw the provider and senior staff undertook regular checks to assure themselves people were receiving their medicines in ways which helped them to stay as safe as possible.

The service had an on call system which also operated out of hours. This means that people and staff can

contact the service at any time for anything if they need support. The service also has three field based service supervisors in a dedicated area, whose purpose is to support people and staff to ensure the service remains safe and of a high standard.

Is the service effective?

Our findings

People and their relatives told us staff had the knowledge and skills needed to care for them. One person said, "They (staff) have the skills to do everything I need." Another person told us, "They [staff] do have the skills I need and know how to keep me safe when I walk round my home."

Staff we spoke with were very positive about the training they completed and the difference this made to the care people received. One member of staff said, "The training I have had here is the best I have ever had, and [senior staff names] will call in and show you if you are unsure of anything." Another member of staff told us, "The training is linked to the needs of the people we care for." One member of staff told us doing training, "Makes a big difference, it makes me feel competent and up to date as you know what you can and can't do. It's about being safe with people." A senior member of staff said, "We have spot checks done, and this triggers training, if needed." All the staff we spoke with were confident additional training would be provided if people's needs changed, so people would continue to get the support and care they needed.

Staff we spoke with told us they felt well supported by senior staff and the registered manager. One member of staff explained how they were able to discuss any concerns they had for people using the service at regular one to one meetings with their manager and at staff meetings. Another member of staff told us they had the opportunity to work with more experienced staff when they first came to work for the provider, so there was someone on hand to support them when they first started to care for people.

The service offers accredited City & Guilds Dementia & Alzheimer's Programme Training. This is offered to staff who wish to enhance their personal development in supporting people and their families living at home with dementia. This training is bespoke to Home Instead and has recently won the Princess Training Award for the innovative and interactive training methods used in the learning programme. It assists staff to support people on their journey with dementia and improve outcomes desired in their care plan.

People's rights were not always promoted as the registered manager had not ensured that the requirements of the Mental Capacity Act were followed. 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.

Whilst people felt listened to there were no mental capacity assessments in place where there were identified concerns about people's ability to retain information and make decisions. For example in one person's record we saw that the person was stated to have "fair capacity around daily issues and the family assist with decision with important issues." There were instructions on how much money the person was to have in the house and where it was to be kept, and staff were supporting them with them with financial matters. The expenditure form does not show how much money was agreed to be given and how much returned, only the amount that was spent. Senior staff stated that the person had capacity and knew their own account information. Staff told us that where a person did not have capacity a 'kitty' could be kept at

the office with a running total and care staff could claim back monies spent.

We raised the issue of recording and mental capacity assessments with the registered manager on the day of the inspection, and before the end of the day the manager told us they had been sent a mental capacity assessment to begin using at the service.

The monitoring of people's money was not sufficiently thorough and records did not identify money given to staff or the amount returned.

We recommend that the service reviews its implementation of mental capacity assessments with regard to finances and how people are supported with their finances, and takes action to improve their practices

People and their relatives told us staff made sure people were in agreement for care to be given to them. One person whose partner received care from the service told us, "Staff will listen to our decisions." One relative highlighted how patient staff were when "Coaxing and encouraging" their family member to receive their care, but said staff respected their family member's decisions.

Is the service caring?

Our findings

All the people we spoke with were positive about the staff who supported them. One person told us, "Staff are like family. I would say they are extremely patient." Another person said, "They [staff] are kind and I get on really well with them." A further person said, "They always chat to me and they are friendly." One relative we spoke with told us, "You hear staff having a giggle with [person's name]. They chat together."

Staff said they got to know people by talking to them. One member of staff explained how they would talk to people about objects in people's homes, and what they meant to people. The member of staff said, "You look at their photos and ask questions about them. You also look at people's care plans, so you know what questions to ask people." Another member of staff told us, "It makes them [people] feel more confident, that we know what we are doing, and it's not strangers walking in." Another member of staff told us, "Because people know us, they will ask us to do more for them."

Staff we spoke with knew what was important in people's lives and gave us examples of how they took this into account when supporting people. This included spending time chatting to people about their hobbies and interests. One member of staff told us, "You have time with people, and this makes it more personal. It's about communicating with them. There's time for people to have companionship and for them to feel valued."

Some people told us they had regular staff and this helped them to build trusting and caring relationships. One person told us, "I always get the same carers (staff), but I do have different carers at other times. I enjoy this, as I get to meet more people (staff)."

People we spoke with told us they were encouraged to choose how they wanted their day to day care to be given. One person said, "They [staff] always ask me to choose what I want to eat." Another person told us staff always checked if they were ready to have their personal care. The person said, "They [staff] will listen to my decisions, such as if I want to change the time of my shower." Staff explained how they involved people in day to day decisions about their care. One member of staff said, "They [people] get to choose what they want to wear, what they want to eat and if they want their blinds open."

People and their relatives told us staff supported them in ways which promoted their dignity and privacy. One person told us, "I'm treated with dignity. Staff are fine about doing my personal care, and just get on with it. They always make sure I am covered up."

The provider told us that within the care plan there was an emergency form that recorded the basic details of a person together with their dependency needs, GP details and medication. They have found it has sped up the process of accessing information quickly. The provider said "This has helped our clients receive prompt medical assistance. Although it's a simple form, it has prevented delays in contacting relatives urgently or finding out what medication a person is taking when they are too poorly to communicate." They also told us "We have been informed by our local ambulance/emergency services that this form has been invaluable and they even take it away with them in the ambulance."

Is the service responsive?

Our findings

The service responded to people's changing needs and people told us they had been involved in developing care plans and reviewing care. People's comments included; "I was involved in the initial assessment and all subsequent reviews", "I am involved in the assessment and planning of my care" and "I am involved with assessments and reviews". One person's relative told us, "We are involved with reviews of the care". People and their relatives told us they were kept up to date with changes promptly. Care plans were reviewed to reflect people's changing needs. Changes to people's conditions were reported to the office staff who ensured changes were notified to all staff.

Staff told us people's care plans provided them with clear guidance on people's risks, preferences and care needs. One staff member explained knowing this meant, "You can make people feel comfortable, for example, if people like to be quiet, and you respect this." Another member of staff told us staff read people's care plans, so they would know how people liked their care to be given. The member of staff told us, "Knowing people's medical history makes a difference. You know if they have a problem with their arm, so you know how to care for them."

People and their relatives said staff were adaptable, and they could rely on staff to care for them. One person told us they were sometimes ill and said, "They (staff) understand this, and do things at my pace." A relative explained how staff had varied the support they provided to their family member so they were able to have the care they needed in the best way for them as their needs changed. We saw people's life histories and what was important to them was recorded in their care plans. This included if people had a preference for the gender of staff to care for them. We also saw people's decisions about the way they wanted to be supported were recorded in their care plans. People had been involved in reviewing the support they needed to manage risks to their well-being as their needs changed.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, the provider has established a memory café open to people and their family where support could be gained for caring for people living with dementia. Staff told us that people living with dementia found companionship with others and their families could share their worries with other relatives/carers.

People's views and feedback was sought through telephone calls as well as annual satisfaction surveys undertaken by the provider. People and their relatives told us they had participated in surveys and when they had raised suggestions for example "have staff to do shopping on a regular basis this would release carers from this chore." Home Instead Senior Care offered different levels of service to people in addition to personal care. Records showed this had been actioned. People's comments included; "I have completed a survey in the past" and "I have done a survey". The last satisfaction survey showed people were very happy with the care provided.

None of the people or relatives we spoke with had made a complaint about the care they received. People and their relatives gave us examples of the actions staff had taken, if they had raised any concerns. One

person explained they had contacted the office with a concern and said this had been resolved. One relative told us they had raised a concern and this had been listened to and actions taken by staff to resolve it.

Staff we spoke with understood what action they needed to take to support people if they wanted to raise a complaint or concern. One member of staff told us, "You sort it out and resolve it early."

We saw the registered manager had systems in place to manage any complaints or concerns made. We saw where complaints had been received, they were investigated and responded to promptly and openly and considered if any lessons could be learnt to reduce the risk of further occurrence.

Is the service well-led?

Our findings

People and their relatives told us the service was managed well and this helped to ensure they received the care they needed. One person said, "They are very professional. We have been impressed as they always seem to get the care straight (right)." Another person described the way the service was run as, "Organised and well managed. They [staff] know what they are doing, and don't dither about." A further person told us, "It's organised so I get the care I want. It's the best company I have had. I don't want to change them."

Staff told us they were supported by the registered manager and senior staff to understand their roles and to provide good care. One member of staff highlighted how regular staff meetings and communications helped them to know about changes in people's needs. Another member of staff told us, "I feel the staff meetings help, as they give you a chance to discuss any concern you have for people. We have open discussions."

One staff member said, "I love working here, because we are not rushed, I came here to work as we only offer hourly visits. The managers are approachable and you know what needs to be done." Another member of staff highlighted the level of support from senior staff was good and said, "You can always get support from the office, or from the on call seniors. They will always ring back."

People told us they would have no hesitation in talking to senior staff and were confident they would be listened to. One person told us it was easy to talk to senior staff as, "Some seniors do [provide] care, too. We get on well with them and [registered manager's name]." One relative told us the culture of the service was "Open and proactive. They [staff] talk to each other and to me. The communication is good. We talk and agree things, they [staff] don't make assumptions."

People told us they were regularly visited by senior staff, to check they were happy with the care they and their family member received. The person told us, "[Senior staff member's name] seems to be able to make her point and staff know the standards they are expected to work to. Staff we spoke with explained how senior staff regularly did spot checks to make sure people were receiving safe and compassionate care, and that people's rights and preferences were being met."

Home Instead Senior Care had an open culture. During our visit, management and staff gave us appropriate access to records and documents. They were keen to demonstrate their caring practices and relationships with people.

In order to recognise, retain and reward staff for their work the service has two initiatives. They run a monthly staff Recognition Award to recognise staff who go the extra mile in the course of their role and they award service badges to staff which are then attached to the staff members ID badges. The provider told us "These little touches are retention tools that encourage consistency of service and have a positive impact on how they [staff] feel about their role."

The offices were organised and any documents required in relation to the management or running of the service were easily located and well presented. The provider had quality assurance systems in place to

assess and monitor the quality of service provision. For example, quality audits including medicine safety, environmental safety and care plans were undertaken.

The registered manager was proud of the quality of the care and training of staff, as this reduced the risk to people. The registered manager told us about other checks which were done so they could be assured people were receiving a good quality of care. We saw the registered manager regularly checked people's changing risks and care needs. This included people's medication and safety incidents, such as falls. We also saw the registered manager checked to make sure plans for people's care were up to date, and monitored any complaints about the service. In addition, the registered manager ensured the Care Quality Commission (CQC) had been notified, as required in law, of any important events which affected people's care.

The provider told us they actively participate in a quarterly executive management group with a number of other geographically dispersed Home Instead Senior Care offices who regularly meet. The provider told us "The concept for the members of the group is they must hold each other to account and voice their opinions to challenge each other like a board of directors and support each other to help make decisions that can benefit and improve our service. We have been involved in our group for a year now and feel this helps us be better at supporting our staff and clients' needs and we share best practice to the network."