

Brighton and Hove Care At Home Limited

Home Instead Senior Care - Brighton, Hove and Shoreham office

Inspection report

Maritime House
Basin Road North, Portslade
Brighton
East Sussex
BN41 1WR

Date of inspection visit:
17 May 2017

Date of publication:
27 June 2017

Tel: 01273284090
Website: www.homeinstead.co.uk/brighton

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

Summary of findings

Overall summary

The inspection took place on 17 May 2017. This was the first inspection for this provider since they became registered with the Care Quality Commission on 17 May 2016. The service provides care and support to people living in their own homes. At the time of the inspection there were approximately 32 people receiving this domiciliary service although only nine people were receiving the regulated activity of personal care.

The service had a registered manager. 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 and their relatives spoke highly of the caring nature of the staff and were happy with the standard of service they received from Home Instead Senior Care. One person said, "They are all kind and caring, I have never had any problems, they are lovely, lovely people." People told us the care workers were reliable, punctual and professional in their approach. People received the time that was allocated to them and they told us that care workers were flexible and stayed longer if they needed to. One person said, "I never feel rushed, I always get the full hour and they certainly live up to their brochure." There were enough staff to care for people safely.

Risks to people had been identified and assessed. Care plans supported staff in how to care for people safely. Staff had a good understanding of their responsibilities to keep people safe. They were able to describe how they would recognise abuse and what actions they would take to ensure people were protected. Staff told us that they had developed positive relationships with the people they were caring for and demonstrated a clear knowledge and understanding of people's needs and their preferences with regard to their care.

People were supported to make choices and to express their views about their care arrangements. One person told us, "They are always asking if I am happy and checking if there is anything that needs changing." Staff understood the principles of the Mental Capacity Act 2005 and sought people's consent before providing care.

People were supported to have enough to eat and drink. They told us that care workers helped them to access health care service when they needed to. One relative said, "It gives me peace of mind to know they are coming in. They have called me before and suggested that we might need the doctor." Staff received the training and support they needed to be effective in their role and people told us that they had confidence in their abilities. One person said, "The lady who comes to me is very conscientious, careful and thorough. She has been trained and her whole attitude conveys confidence and experience."

People spoke highly of the management of the service and told us that they knew how to complain and felt comfortable to do so. One person told us "The office staff are very good, everything is well managed I would

say." Staff described an open culture where they felt comfortable to raise any issues or concerns. One care worker said, "There is always someone we can talk to, we are very well supported, much better than at other places I have worked." The provider and registered manager had a clear vision for the service and used quality assurance information to drive improvements. Record keeping was robust and systems ensured that information was updated regularly.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission. The registered manager understood that they must submit notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Recruitment procedures were safe and there were enough staff, with suitable skills, to deliver care to people.

Risks to individuals were identified, assessed and managed. Staff had a clear understanding of their responsibilities with regards to keeping people safe from avoidable harm and abuse.

People received the support they needed to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to carry out their roles.

Staff understood the principles of the Mental Capacity Act 2005 and worked in line with the legislation.

People were supported to have enough to eat and drink. People received the help they needed to access health care services.

Is the service caring?

Good ●

The staff were caring.

People had developed positive relationships with staff and described them as kind and caring.

People were supported to make decisions about their care.

Staff respected people's dignity and maintained their privacy.

Is the service responsive?

Good ●

The service was responsive.

People knew how to make complaints and their concerns were

dealt with quickly.

People received a service that was personalised and responsive to their needs.

People's care records were regularly reviewed and updated to reflect their needs.

Is the service well-led?

The service was well –led.

The provider promoted an open culture where people and staff felt able to express their views and were confident that actions would be taken to address any concerns.

There were effective systems in place to monitor quality within the service.

There was clear management and leadership.

Good ●

Home Instead Senior Care - Brighton, Hove and Shoreham office

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.

This inspection took place on 17 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service including any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing any potential areas of concern at the inspection.

Before the inspection we spoke with people by telephone. We spoke with four people who use the service and two relatives. During the inspection we interviewed five members of staff and spoke with the registered manager and the provider. We looked at a range of documents including policies and procedures, care records for four people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the providers

systems for allocating care visits and other information systems.

This was the first inspection for this provider since they were registered with CQC on 17 May 2016.

Is the service safe?

Our findings

People and their relatives told us that the service made them feel safe. One person said, "I feel very confident in the arrangements that have been made, I feel safe, very safe." Another person said, "They are totally reliable, I don't have to worry." A relative told us, "They send one carer regularly, that's so important for my (relative) so she feels safe."

Staff were clear about their responsibilities with regards to keeping people safe. They were able to describe the signs of abuse and knew what actions they should take. One staff member said, "I see people regularly so I would notice any changes. If I had any concerns I would report them to the office straight away. I've had training and I know what to look for." Another staff member told us, "I would always tell the manager if I was worried about someone or if I noticed that they had bruises or something. We have to make sure people are safe."

Risks to people had been identified and plans were in place to assess and manage the risks. For example, some people had been assessed as being at risk of falls. A risk assessment described the risk and a care plan guided staff on how to support each person to minimise the risk of further falls. One care plan included details of the types of mobility aids the person needed to support them in maintaining their balance, another identified actions that staff members should take to ensure that trip hazards were removed. A third care plan included clear guidance for staff when supporting someone who was unsteady on their feet to have a shower, it stated, 'Ensure that (person's name) holds onto the shower rail throughout and uses the slip mat in the shower.' People told us that they had been involved in making decisions about taking risks. One person explained that they were recovering from illness and that the care staff had helped them to regain their confidence. They told us, "The care I receive helped me to return home sooner and to recover more quickly. I have regained my confidence to live at home."

Care staff told us that there were enough staff to cover all the care calls. One staff member said, "We have to cover for each other sometimes, when people are on leave for example, but there's never a problem with that. There are enough staff even during busy periods like school holidays." Another staff member said, "If I am asked to cover a call it is nearly always someone I have been to in the past so I know how they like things done. There is never any pressure but we are all committed to providing a good service for people, so there's not a problem with sickness or anything like that." A third staff member said, "We have plenty of time to cover our calls and travel time is taken into account. If we need time off for some reason there are enough staff to cover our work." People told us that they received a consistent service. One person said, "They have never missed a call. If they are running late for any reason they ring and let me know." Another person said, "I have complete confidence in them, they have never let me down or missed a call." A third person said, "The carers are very punctual and I always know when they are coming. It's very rare that they are late. It's usually the same girls that come, I know them all well."

The provider had an electronic system for planning the care visits and this showed that people were receiving a consistent service. People who required a small number of visits had one or two care staff visiting and those who needed more visits had a larger team of care workers. People told us they were happy with

the arrangements for their care. One relative said, "Having the same care worker regularly makes all the difference. They have never missed any calls." Staff told us that care visits were planned according to the geographical areas in which the care workers preferred to work. We heard office staff discussing how to plan care visits, taking into account travel distances, bus times and transport arrangements. All the people we spoke with said that their care workers stayed for the duration of the planned visit. Staff told us that they never had to cut visits short to fit everyone in. One care worker said, "We have plenty of time, the visits are well planned and if there is ever a problem we speak to the office staff and they sort it out."

The provider had a robust recruitment system in place to ensure that staff were suitable to carry out their roles. The provider required prospective staff to complete an application form, attend an interview, provide at least four references and to have a criminal records check with the Disclosure and Barring Service (DBS), to establish if they were suitable to work with children and adults.

Some people needed help to manage their medicines safely. One person said, "I sometimes forget to take my tablets so I rely on the girls that come in to help me now." Staff had received training and understood their responsibilities to ensure people received their medicines safely. Staff were able to describe in detail how they supported people with the administration of their medicines. Care plans provided information about the level of support that people required to take their medicines. Medication Administration Record (MAR) charts were completed consistently and provided a clear record of the administration of people's medicines.

Is the service effective?

Our findings

People told us that they were confident in the skills and experience of the care staff. One person said, "They are very well trained, I have no complaints at all." Another person said, "The lady who comes to me is very conscientious, careful and thorough. She has been trained and her whole attitude conveys confidence and experience." A third person said, "They all know what they are doing, I have every confidence in them."

Care workers told us that they were well supported and had access to the training they needed. One care worker told us about their induction when they first joined the provider, saying, "It was very good, I had three to four weeks of training and it included shadowing an experienced carer. It was really helpful and put my mind at rest about a lot of things. By the time I went out on my own I felt confident and I knew I could call someone for support at any time."

Training records showed that some staff had completed work books linked to the care certificate. The care certificate is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager told us, "We are encouraging our staff to undertake the care certificate." Staff had access to on-going training and told us that they could request specific training that was relevant to people they were caring for. One care worker said, "We are encouraged to make suggestions about training, at the team meeting we were given information about strokes and Parkinson's disease." Another care worker said, "I discussed my training needs with the manager and I asked for some more dementia training, I am booked on now."

Staff told us that they felt well supported and had regular opportunities to talk to a manager. Staff records confirmed that supervision meetings were held regularly. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff told us that communication between the office staff and care workers was good. One care worker said, "They are very good at keeping us informed about things, whether it's to do with changes for customers or staff information, they make sure we are updated." During the inspection we observed appropriate interactions between care workers and office staff, both in person and via the telephone. The registered manager told us that regular spot checks were undertaken to ensure that care staff retained levels of competency and continued to have the skills they needed to be effective in their roles.

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. 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.

Staff had received training about the MCA and were clear about the principles of the legislation. One care

worker said, "People have a right to make their own decisions. We have to respect their decision even if we don't agree with them." Care workers spoke about the need to gain people's consent before providing personal care or support to them. People we spoke with confirmed that staff sought their consent. One person said, "They always check with me before they start."

Some people were living with dementia and lacked capacity to make some decisions for themselves. Where people had representatives to make decisions in their best interest the provider had checked that the representatives had the legal authority to make such decisions. Care records showed that people and their legal representatives had been included in the development of their care plans. One person who had short term memory problems lacked capacity to make some decisions. However the care plan for this person guided staff to continue supporting them to make decisions and seek their consent whenever possible by using prompts and encouragement. Staff described how they supported this person to consent to care and to continue to make decisions whenever possible.

Some people had been assessed as needing support to ensure they had enough to eat and drink. One person told us, "The lady that comes knows what I like and how it should be cooked. I have no complaints." Another person said, "The carer brings my shopping in, they know what I want. They often buy things that they know I like, to tempt me to eat." A third person said, "They always check that I have a drink near me and that there is something for me to eat in the kitchen before leaving." Care workers told us that they involved people in choices about their food and drink. One care worker explained how they encouraged one person to eat because they had a poor appetite, saying "I usually check what is in their fridge or cupboard and then offer them a choice asking them what they fancy and saying I could make this or that or whatever you would like. If they want something particular I will pick it up for them and bring it in next time I call." Another care worker told us how they monitored someone who had an unplanned weight loss by using a food and fluid chart to log what they were eating, checking for evidence that food had been eaten and liaising with the person and their family to ensure they were getting nutritious food to eat.

People told us that their care workers helped them to access health care services they needed. One person said, "My GP is local and I know they will accompany me if I need the support, we have discussed it." Another person said, "The carers know me now and they know if I'm not too good-,they always check whether I need the doctor." A relative said, "It gives me peace of mind to know they are coming in. They have called me before and suggested that we might need the doctor." Care staff told us that they would seek advice if they felt someone was not well. One care worker said, "I would ask the person if they wanted me to ring the doctor or talk to their family and I would let the office know too." During the inspection we observed office staff making an appointment with a health care professional at a time when the care worker would be available to support the person.

Is the service caring?

Our findings

People and their relatives spoke highly of the caring nature of the staff. Their comments included, "All the staff are wonderful, they couldn't be more caring," and "They are all kind and caring, I have never had any problems, they are lovely, lovely people." A relative said, "The carers that come are lovely, they have a very good bed-side manner." People told us that they had developed positive relationships with their care workers. One person said, "My carer is always kind. She listens to what I want and gets on with the job carefully and with compassion. I am very happy with the care I receive." A relative told us, "I know the carer is good because my relative would tell me if there was a problem but she adores the carer."

People told us that staff treated them with dignity and respect. One person said, "It was a big adjustment for me to have to accept help, particularly with personal care, but I can tell you they have been wonderful. I have never been made to feel uncomfortable; it's a very professional service." Another person said, "I never feel rushed, I always get the full hour and they certainly live up to their brochure." A third person told us, "They are never rude, always respectful, and they check how we like things done." Staff described how they ensured that people's dignity was respected when assisting them with personal care. One care worker said, "I always talk through what I'm going to do and check that they are comfortable with that before we start." Another care worker said, "Everyone is different and it's important to check how people like things done but once you know the routine it's easier because you just make it normal. We chat about different things and get on with the care they need without making a big issue of it. That's what most people want." A third care worker said, "I always remember the basics, checking that doors, curtains or blinds are closed, making sure the person has a towel round them to protect their dignity and ensuring that they have everything they need to hand before we start. I try and give them as much privacy as possible." Staff spoke about people in a positive and caring way. They knew people well and were able to describe people's character traits and their likes and dislikes.

People told us that they had been involved with planning their care and support. One person said, "They went through the care plan with me and asked a lot of questions." Another person said, "My daughter sorted it out but they are always asking if I am happy and checking if there is anything that needs changing." Care records confirmed that people were regularly asked about their views on arrangements for their care. Care plans included details of people's daily routines and things that were important to them. For example, one care plan detailed that the person was a late riser who preferred to get up just before lunchtime. Their care visits were arranged to accommodate this.

Staff described how they helped people to be as independent as possible. One care worker said, "I will always encourage people to do as much as they can for themselves because it's important for their morale. For example I will wash the places that they can no longer reach but I make sure they do what they can. It doesn't matter if it takes longer." Another care worker described how they had built up trust and confidence with someone they cared for over time. They explained, "It was clear that they felt vulnerable and worried by having carers coming into their home. We had to take it at their pace, letting them make the decisions about what needed doing until they could accept our suggestions and gradually we have been able to build their trust." A relative told us that they had been impressed with the patience and understanding of the care

workers they said, "They are so careful to try and maintain (person's name)'s independence, they are really trying to do the best they can."

People told us that they were confident that staff maintained their confidentiality. One person said, "I think they are very careful about confidentiality, the care worker will always put the paperwork away carefully because it's got my information on it." Care workers told us how they protected people's privacy. One care worker said, "If I have to phone the office I make sure I am not going to be overheard if I have to talk about someone we care for."

Is the service responsive?

Our findings

People and their relatives told us that the service they received from Home Instead was flexible and responsive. One relative said, "The carers adapt their approach depending on what's needed. They look at what needs doing at each visit rather than sticking to a routine."

People's needs were assessed before the service started to ensure that the service was able to meet their needs. Care plans included background information about the person. This included any information that was important for the person. For example, one care plan gave details of the person's previous life in another country. Staff were aware of this information and described how this helped them to build relationships with people they were caring for. One care worker said, "It helps to know about the person's background so you can talk to them about it. For example one person enjoys talking about their time living abroad, the food and different way of life. We have long chats about it."

Care plans were personalised to reflect things that were important to people. For example, one care plan described the person's interests and the types of television programmes that they enjoyed. A care worker told us that they knew this information, saying, "We always get time to read the care plan before we go to a new client. It helps to have an understanding of the person." Another care record noted a person's religious beliefs and current arrangements for supporting their faith. A third care plan described particular foods that a person enjoyed and those they disliked. This detail enabled care workers to provide care in a person centred way. For example, one care worker knew that a person preferred to have a light lunch at mid-day and their main meal in the evening. They were able to tell us what types of food the person enjoyed and what they didn't like. We saw this information was confirmed within the person's care plan. Another care plan described how someone enjoyed being smart and wearing make-up. The care worker was aware of this and told us that there was a specific brand of make-up the person preferred.

Care plans were reviewed regularly to ensure that staff had the information they needed to provide responsive care. For example, one care plan had been reviewed in January and again in March 2017 because care workers had reported that the person's needs had changed and they required more support. This showed that the service was responsive to changes in people's care needs.

People and their relatives knew how to make a complaint and said that they would feel comfortable to do so if required. One person said, "I would ring the office and speak to the manager." Another person said, "My daughter has made a complaint in the past and it was all sorted out very quickly. I wouldn't have any worries about raising complaints but there has been no need to since." The provider had a complaints system in place. This recorded when complaints were raised and included dates and actions that were taken. We saw one complaint that had been dealt with promptly to address the issue. The registered manager and the provider spoke about the importance of learning from complaints and of using people's experiences of the service to drive future improvements.

Is the service well-led?

Our findings

People and their relatives spoke highly of the management of the service. One person said, "They provide an excellent service, it's very reliable and they never miss any calls. I am very happy with the service, it's well run." Another person said, "The office staff are very good, everything is well managed I would say." A third person told us, "It is definitely well managed. The invoicing works well, it's all set out clearly and they are very easy people to deal with." A relative said, "It really is a fantastic service, they have a flexible approach to everything and the service is extremely well run." Compliments received from people and their relatives also reflected a high level of satisfaction. One compliment received within the week of the inspection stated, 'Your carers are all lovely and you are a delight to deal with, such a breath of fresh air.'

Staff also spoke highly of the registered manager and the provider describing them both as being easy to talk to and supportive. One care worker said, "If I need to speak to someone in the office they respond straight away. Any messages that are left are answered really quickly and we have an on-call number to ring as well if we need it." Another care worker said, "There is always someone we can talk to, we are very well supported, much better than at other places I have worked." A third care worker told us, "The management are really approachable, I never hesitate to ask them things. I think they really value the care workers here, they deal with any issues very quickly, they are good problem solvers."

One of the stated aims of the service was to build a strong reputation as a local employer with high levels of staff loyalty. The provider told us that the vision and values of the service were dependent upon establishing a team of care workers who were invested in providing high standards of service. They believed that this was only possible if staff were treated well and had the support and training they needed. All the staff we spoke with, were positive about the support they received and the training that was available. The registered manager told us that staff absence rates were minimal and this was confirmed by care workers who said that they were rarely asked to cover additional shifts. One care worker told us, "There is very little sickness and morale within the team is very good. They are very good employers and everyone is committed to the people that we are looking after." Another care worker said, "They are the best bosses I have ever had. I think it's because they want to keep the care workers so they invest in us." This showed that the values of the service were embedded.

There was a clear plan in place to drive developments which identified actions and dates when improvements would be made. Planned changes were communicated to the care workers during team meetings. Staff we spoke with were able to tell us about planned improvements including the introduction of senior carers givers to support staff. The provider had a number of quality assurance systems that were used to drive improvements. People were contacted by telephone the day after their care call started to ensure that any initial concerns could be dealt with quickly. A quality assurance form was completed after four weeks to identify any further issues, this included questions about what was working well with the service and what needed to improve. The registered manager told us that this was an effective system for dealing with any teething issues when a service first started. In addition to this the provider undertook a satisfaction survey on an annual basis. The registered manager told us about some changes that had been made as a result of feedback from people. For one person, this had resulted in an additional call being

implemented, another person had the duration of a call extended to accommodate extra tasks and a third person had a review of their care arrangements due to changes in their circumstances. Other quality assurance systems included a number of regular audits to ensure that care plans were accurate, up to date and included all the relevant information that was needed to provide safe and effective care.

A system was in place to record and monitor incidents and accidents. This enabled the registered manager to ensure that individual risk assessments were reviewed following incidents and accidents to ensure that any patterns were identified and actions taken to reduce risks.

The provider had made links with the local community including involvement in developing a training programme with the local authority trading standards department to raise awareness in the older population about scams and confidence tricks used to defraud vulnerable people. All staff had received training to become dementia friends as part of their induction process and the provider was involved in the dementia action alliance in the local area.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager and the provider were also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.