

Stay Independent at Home Ltd

Home Instead Senior Care Lewes District and Uckfield

Inspection report

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Ratings

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

Summary of findings

Overall summary

Home Instead Senior Care Lewes District and Uckfield is a domiciliary care agency which specialises in the care of older people living in their own homes. The service provision varied from minimum one-hour visits daily to support people with personal care but they also provided companionship services and home help services.

Not everyone using the service received a regulated activity. CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of inspection, the service provided personal care support to 14 people.

There was a registered manager in post. 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.

This was the first inspection of the service. The inspection was carried out on 14 and 18 December 2018 and was announced.

The organisation had identified problems in relation to recording errors around medicine management. Appropriate action had been taken to address these matters but further time was needed to determine if the measures taken had been effective. Record keeping in areas around complaints and some aspects of care plans lacked detail and we made a recommendation to improve record keeping in these areas.

There were effective systems to monitor and review the quality of the care provided. The owner was aware that as the service developed and increased in size, the systems to monitor and review the service would also need to be developed further. The technology to achieve this was being put in place.

People told us they had continuity of care givers. They said care givers always arrived on time and stayed for their allocated time. They told us care givers always completed the tasks required of them along with any additional requests.

People were supported by care givers who demonstrated kindness and had a caring approach. Care givers knew people well. They understood people's physical, social and emotional needs. We received numerous positive comments. One person said, "Yes, they are very good. They are very friendly. Whenever there are any issues they are straight on it. There is always someone on the end of a phone." Another person said, "The standard of the care is very high, they are really nice people. They don't rush, it's almost like having a friend in the house."

People knew how to complain but everyone said they had no need to. They said they would have no

hesitation in picking up the phone if needed as they were confident the office staff would address any issue brought to their attention. One person told us, "I wouldn't be concerned about ringing up the office, in fact they themselves are always encouraging me to ring up if I have any issues."

Care givers had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. There were thorough recruitment procedures that ensured as far as possible, care givers were suitable and safe to work with people. As part of the assessment process, risk assessments were carried out in relation to people's homes and to their individual needs. Where necessary, actions were taken to mitigate risks to reduce the risk of accidents or injuries.

There was information in care plans about how people liked to take their medicines. Care givers had received training on medicines and there were systems to monitor their competency in this area.

Spot checks were carried out at regular intervals to monitor care giver's performance. Care givers attended regular training to ensure they could meet people's needs. There was a thorough induction to the service and care givers felt confident to meet people's needs before they worked independently. People told us they valued the fact office staff came to check on care givers as this meant they cared about their staff.

The owner and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA are regulations that have to be followed to ensure people who cannot make decisions for themselves are protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans gave staff detailed advice and guidance on how to meet people's needs. People told us they had been involved as part of the process. If professional advice and support was sought then this was included within the documentation. People had the equipment they needed to keep them safe.

The owner worked hard to make the agency known within their local area. They ran a Saturday memory cafe twice a month. This provided a free afternoon of activities and social support for people living with dementia or other health care needs, within the community and their families/carers. They were also on numerous committees and groups that helped them to signpost people to gain support in a variety of different settings. This was particularly important as people generally lived in rural or semi-rural areas.

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.

Robust risk assessments had been carried out in relation to people and their environment to minimise risks to safety.

Care givers had a good understanding of abuse. They knew how to recognise signs and report concerns.

Thorough recruitment checks were carried out and there were enough staff to meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Care givers sought people's consent before providing all aspects of care and support. They received specialist training to support people effectively.

People told us support was provided in the way people wanted to receive it.

The management team and care givers understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were cared for by care givers that were kind, patient and professional and treated them with dignity and respect.

Care givers were committed to promoting people's independence and supporting them to make choices.

Care givers adapted their approach to meet people's individual needs and to ensure care was provided in a way that met their particular needs and wishes.

Is the service responsive?

Good ●

The service was responsive.

People received care tailored to their preferences. People were supported by care givers that knew them well including their likes and dislikes.

There was a detailed complaint procedure and people told us they knew how to complain if they needed to.

End of life care was provided in a caring and dignified manner with people's preferences respected.

Is the service well-led?

The service was not consistently well led.

Record keeping was not consistently detailed.

Regular audits were carried out to monitor and improve the care provided.

Care givers told us the owner, registered manager and office staff were extremely supportive and approachable. They were readily available and responded to what care givers told them.

Requires Improvement ●

Home Instead Senior Care Lewes District and Uckfield

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 was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by an inspector and an assistant inspector made phone calls to people and relatives.

Before the inspection, we checked the information held regarding the service and provider. This included any statutory notifications sent to us by the service. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

The inspection started on 14 December and ended on 18 December 2018. On 14 December 2018 we visited two people in their homes to gain their experiences of care provided and to review their care documentation. We also met with a relative of one person. We visited the office location and met with the owner, the registered manager, office staff and two care givers. We viewed care records and policies and procedures.

On 18 December 2018 we spoke with two carer givers, one person and a relative by telephone. At the office site we spent time reviewing records, which included four support plans. We looked at two staff files, medication administration records, staff schedules and training records. Other documentation related to the management of the service such as incidents, meeting minutes, daily records and quality monitoring

records were also viewed.

This was Home Instead Senior Care Lewes District and Uckfield's first inspection with the Care Quality Commission.

Is the service safe?

Our findings

People told us they felt safe in their homes. They felt confident with the support they received in relation to their medicines. They were happy with the security arrangements and knew who was coming to support them on each visit. One person told us they were always informed of delays. "It is always communicated to me, on the whole we are informed, but it doesn't happen that often. If they've been delayed they tell us. They will also put a note in the book."

Risk assessments had been carried out to assess how much support people needed with their medicines. Support plans showed who had responsibility for re-ordering medicines. When people needed support with the application of prescribed creams, there was a body map that showed where to apply the creams and records stated what cream and how much cream to apply. Staff had completed training in the safe administration of medicines and records showed this was up to date. Staff had been assessed as competent to give medicines.

People were supported by care givers who managed risk safely. Where risks were identified, risk assessments provided care givers with specific information and actions to take to reduce the risk of an accident. There were good systems for the recording of accidents and incidents. These had been recorded along with the measures taken to prevent a reoccurrence. For example, when one person's mobility changed and this increased the risk of accidents, the registered manager arranged for them to receive an occupational therapy assessment to see if there was equipment that would benefit them and enable them to maintain their independence. This demonstrated the service learned from incidents.

Care givers had an understanding of different types of abuse and discrimination. They told us what actions they would take if they believed people were at risk. All care givers had received training in safeguarding and the registered manager told us they would not hesitate to report any concern to the local safeguarding authority.

Staff recruitment checks were undertaken before care givers began work for the service. This included an application form with employment history, references, and the completion of a Disclosure and Barring Service (DBS) check to help ensure care givers were safe to work with people. Where there had been gaps in a care giver's employment history, these had been explored through the interview process. These measures helped to ensure, as far as possible, only suitable care givers were employed.

There were enough care givers to support people in their homes safely. Schedules were planned a week in advance and care givers were informed of the calls they would be covering. When care givers were unwell or on leave, there were arrangements to make sure calls were covered. People and their relatives told us they almost always had the same staff member visit them. Care givers confirmed visits were a minimum of one hour. They told us if they were running late they would ring people to let them know and advise the office.

There were good procedures to monitor infection control. People and relatives told us care givers had access to and wore personal protective equipment (PPE). Gloves and aprons were readily available in the

office and we saw staff collecting supplies. Staff were up to date with infection control training.

Is the service effective?

Our findings

The owner had systems to ensure staff had the skills, knowledge and experience to deliver effective care and support. People told us they were confident staff had received good training.

There was an induction programme for new care givers. Care givers confirmed before they started working with people they completed this induction training. They also told us they had an introductory visit to new clients before they started to provide care. This gave the opportunity to meet people before providing care for the first time and a chance to read through the care plan. It also gave an opportunity to find the location of the visit ensuring they could plan the journey to arrive on time. Care givers told us they valued the introductory visits.

Regular support, spot checks and supervision was provided during the first few weeks of employment and records confirmed all new staff attended a twelve-week probationary supervision meeting. Care givers told us they valued the support they received. We were told staff who had not previously worked in care would go on to do the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

The registered manager confirmed in addition to mandatory training, staff would also complete specialist training to fulfil their role if this was assessed as necessary. A full assessment of people's needs was carried out to assess if needs could be met and to identify if there were any specific training needed before a new care package could be started. For example, if a person required specific support with diabetes, additional training would be provided for care givers. One care giver told us the training on dementia had been very good and gave support about how to understand why someone might be upset and when it was necessary to distract someone from their trail of thought. Four care givers had completed 'dementia tour bus' training. This gave staff an opportunity to experience through simulated techniques what it would be like to live with dementia. The owner told us feedback had been very good and it was their intention to ensure more staff were signed up for this training.

The registered manager told us they held accredited City and Guilds Dementia training and three staff were studying for this training. The registered manager had also completed City and Guilds accredited End of Life training. A staff member told us the work books they completed made sure they understood the training they received. They also said, "If there is anything we don't understand the registered manager and other office staff are always available. They are all easy to talk to and the door is always open."

All staff received three monthly supervision and regular spot checks to monitor their performance. In addition to attending a supervision meeting, a senior staff member carried out quarterly spot checks to assess staff performance. Care givers told us they felt well supported. One care giver told us they originally provided companionship to a person but as the person's needs changed and they needed support with personal care they took the decision to receive extra training so that they could provide the personal care. They told us this had meant a lot to them and to the person. They said, "Yes, I'm very supported. I wouldn't

be able to do so much with confidence, they (registered manager and office staff) are always there to give advice and guidance."

The service told us they worked closely with healthcare professionals. When people's health needs changed, the registered manager arranged for a health professional to visit and provide advice and guidance. There was close contact with an occupational therapist to make sure one person, whose needs were changing, had the equipment they needed. The registered manager had carried out a joint visit to discuss the person's needs. Any guidelines obtained were included as part of people's support plans.

Some people had specific needs in relation to food and drink. Care givers told us they always checked with people to see what they wanted to eat and drink. People told us, and we saw, that care givers ensured they had a plentiful supply of drinks before they left. One person who had been assessed as at risk of dehydration, had a food and fluid chart to monitor they had enough to eat and drink.

People had the equipment they needed to meet their individual needs. People had lifeline pendants to seek help in an emergency. The owner told us as part of their assessment process they checked people's needs and where appropriate, offered guidance to people about how to gain additional help in areas such as occupational aids and fire safety.

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. We checked whether the service was working within the principles of the MCA. Staff had received training in MCA. People's abilities to make decisions had been assessed. People told us staff asked them what they wanted to be done and how they wanted it done. Staff spoke to us about the need to check people's consent and understanding on a daily basis and records confirmed choices presented to people and the decisions they made.

Information technology was used and was in the process of being developed to support the organisation. Staff had a "portal" they used via their mobile phones, laptops or computers, to see changes to their visits. An "IQ timecard" system meant staff logged in on arrival at people's houses and people were made aware quickly if staff were running late. A new "real time" medication system was due to be introduced early in the New Year. This would allow close monitoring of people's medicines to ensure they were managed safely. A 'My learning iCloud' was also to be introduced. This is a system for online learning and will be overseen by office staff. They will be able to send out eLearning for staff to complete and monitor if it has not been completed. There were plans to introduce this system via staff meetings initially to explain the process.

A number of local GP services had signed up to the 'Golden Ticket programme.' The aim of the programme was to provide seamless care between health and social care within localities for people living with dementia. We asked how this had benefitted people who used the agency. The owner told us, people who needed them had longer appointments, assessments were arranged quickly and there was better sign posting of facilities and amenities locally.

Is the service caring?

Our findings

During our inspection people told us they were happy with the care staff gave them. One person told us, "They are extremely friendly, we get on very well." Another said, "The staff are great. Everyone is different, but on the whole very good."

Relatives told us they valued the fact their views and wishes were respected. One relative told us, "We prefer a female for mum, with her dementia sometimes she can be inappropriate. She gets women carers and I've never seen any men on her rota."

We asked one care giver about equality and diversity and they told us, they were, "Mindful of and respected people's different views and beliefs." We asked another staff member about training they had received on equality and diversity. They said, "I remember that we needed to be person centred and that we needed to always be mindful of consent and constantly asking if we are allowed to do things. Letting people have a preference. Religious wise, diet wise, things can change – making sure that we are always aware of what the clients want and putting their wishes at the heart of what we do."

People's support plans and daily records and charts were stored in their homes and a copy was held safely in the office to ensure confidentiality was maintained. The support plan gave advice on how the person liked to be supported, their individual likes and dislikes, and information about how staff should support them to maintain their dignity. Two staff told us before working for the agency they had not provided personal care. However, both said the registered manager was very clear about how to support people ensuring their privacy and dignity was respected and this gave them the confidence they needed. People confirmed staff respected their privacy and individual preferences in relation to support.

Care and support was provided in a way that promoted people's independence. Support plans for personal care included detailed advice about the areas people were able to complete independently, the areas they needed support and how this was to be provided in a way that suited the person. Staff supported one person with daily exercises to improve their mobility. A staff member told us they supported another person to take a walk when the weather was good to make sure they stayed fit and healthy.

There was information within support plans about the need to ensure people's dignity was maintained. Advice included the need to ensure lifeline pendants were worn and to check people had enough to drink within easy reach before leaving people's homes.

Support provided was person centred. A staff member told us one person was, "Getting home meals delivered and they were coming cold. I noticed that the lady wasn't eating anything. So, I set up a lunch with her and made it like a proper lunch date where we sat around the table. She then ate her whole meal ravenously. I fed that back to the other carers and to the office and we know to do that now."

People told us the organisation had recently had a Christmas party which had been very successful. One person said, "We went to the Christmas gathering last week, it was so nice for me to meet all the carers. A

real nice touch and to see people and put faces to names."

Is the service responsive?

Our findings

People knew staff followed support plans that included information about the care to be provided and told us they were involved in the process. People told us staff arrived on time for calls and stayed the allocated time.

Each person's needs and wishes had been assessed with them and where appropriate, their relative. From this a support plan was drawn up. Where risks had been identified, assessments had been written to assess and reduce the risks to people. Support plans were person centred and included information about how people liked to spend their time, the specific areas they needed support, and how this should be provided. One person told us, "They came round and explained all the service, what was available, what I needed. She wanted my life history, it was very thorough." Another told us, "The staff always do whatever I want."

There was a copy of people's support plans and risk assessments in the office and in the person's home. Daily records confirmed the support provided to people each day. There were signed forms consenting to the provision of care. Support plans were reviewed regularly and as and when a person's needs changed. We asked staff how they were kept up to date with changes in care packages and support plans. A staff member told us when changes were made, the support plan would be updated and a copy would be taken to the person's home. They confirmed they would be told verbally or by email of the change. They also told us if they found a person's needs were changing and it was taking longer to provide care, they would report this to the office and the care package would be reviewed. One care giver confirmed they had reported to the office when they had concerns a person was not eating as much as they should. Staff spoke with the person's relatives and a lunch call was added to ensure staff could encourage the person to eat more.

One person was receiving end of life care support. The registered manager had carried out numerous care calls and provided training and support to make sure care givers were clear about the person's changing needs and how to support them safely. The agency had systems to ensure care givers were offered support with bereavement as and when needed. As this was the first time some of the staff had provided end of life support they were mindful of the impact this support could have for staff. Staff told us they felt supported. One staff member said, "I want to do the best I can for (person) to make them comfortable and I can't say enough about how supportive everyone is. It really matters."

There were very good systems to ensure people's needs were reviewed at regular intervals. When a new care package was set up, this was reviewed within 24 hours. At four weeks and again at three months, quality assurance visits and telephone calls were made and at six monthly intervals service review home visits were carried out.

The service had an effective complaints policy and systems to ensure complaints would be documented, investigated and responded to within clear timeframes. There was also advice about who to contact if the complainant was not satisfied with the response. People told us they had been given guidance about how to make a complaint and contact details so they knew who to speak to at the service for advice or support. People felt confident if they had to phone the office their requests would be met. One person told us, "If I did

have a complaint, I'd ring up the office straight away. There was something recently where I'd had two people fairly regularly, but then it changed and I didn't know what was going on. I rung up the office and they told me they were doing their best." Another said, "We've had very few issues, although they've always dealt with the issues we've raised kindly and promptly."

When compliments and thank you cards had been received, these were shared with care givers at meetings which showed staff they were appreciated. Compliments received by the office included, "Every carer that visited my father took time to chat with him and many of them became firm friends with him." Another said, "This is a fantastic team and I can't recommend them highly enough."

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. The registered manager was aware of AIS and told us support plans had been designed to take this into account. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to ensure their glasses were cleaned when needed. They said if people needed large print documents or easy read literature this would be provided.

Is the service well-led?

Our findings

There was a registered manager in post. One person told us, when they met with the registered manager to talk through their needs, the registered manager had been "Very thorough." Care givers told us the owner, registered manager and office staff were extremely supportive and approachable. They were readily available and responded to what care givers told them. One staff member told us, "It is a very lovely company in terms of self-esteem and supporting you etc. The humanity is great, they are really good." Another said, "When I received 'care giver of the quarter', I got flowers and a card. I really felt valued. They try to go above and beyond. It's like a family here and I can trust them. I love it."

Despite the positive feedback, there were areas the organisation had highlighted that needed addressing and it was too soon to determine if the actions taken had resolved the matters. There were also areas where record keeping lacked detail. Early in 2018 there had been a high number of medicines errors. These were mainly recording errors. If one error was made, the registered manager wrote to the care giver individually detailing the error. If four errors were made, care givers were asked to repeat medicine's training and they were rechecked in terms of competency. A new medicines administration record (MAR) chart was introduced in November 2018. These had been returned to the office at the end of November but had yet to be analysed to determine what improvements had been made. General feedback received in the office had been that staff were finding the new system much easier to complete. There were also plans to move to a new electronic, real-time MAR system. The owner said the new system would mean the office would be alerted to any recording errors instantly and would be able address them.

We found one incident in March 2018 where a patch for pain relief had not been applied in line with the prescription. This had a negative impact for the person in that they were then sleepy and at risk of a fall. At another time, records showed one person received their patch a day late three times in a row. The new systems ensured matters such as these would be identified quickly and the office informed at the time. However, as the most recent MAR records had yet to be analysed, it was not clear if the new procedures were effective.

There were a number of areas where record keeping lacked detail and needed to be improved further to demonstrate the actions taken or to be taken by staff. Whilst the registered manager was able to tell us the actions taken in relation to complaints received, the records kept lacked detail. Complaints received had been of a minor nature with little impact for people. One person was living with diabetes. The registered manager told us the diabetes was well controlled. There was no information in the care plan stating whether the person had a history of high or low blood sugars and what to watch out for in terms of symptoms should they be unwell. Another person's epilepsy guidelines, whilst detailed, lacked person centred information. For example, there was no information about the particular type of seizures the person experienced. This meant it would not be clear to care givers what they should expect if the person had a seizure. On the first day of our inspection we looked at the support plan for one person with complex needs. This person's needs had changed significantly in the week before our inspection. However, the support plan had been completely reviewed and updated by the second day and reflected the person's current needs. Staff had been kept updated with the person's needs verbally and had received training on how to support them.

We recommend the registered provider seeks guidance on improving and strengthening record keeping to demonstrate good management and oversight of the service.

The owner told us a delegate from Home Instead Senior Care National Office carried out a quality support audit twice a year. They also provided constructive and valuable advice about how to grow the service. From the audits, actions plans were provided for the service with targets for achievements.

The owner also carried out regular self-audits. The registered Manager audited daily activity logs and MAR charts. The organisation's computer systems monitored trends in relation to safeguarding, accidents and incidents, medication errors, comments and complaints. The owner told us they met monthly with other Home Instead franchises in the area and these meetings were an excellent opportunity to both receive support, and to share ideas and best practise.

The organisation used results from a PEAQ (Pursuing Excellence by Advancing Quality) questionnaire to monitor the quality of care. There were continuous improvement plans and they had been reviewed. One negative from the first staff questionnaire had been that there wasn't enough staff recognition. As a result, they had introduced the care giver of the month award with flowers and certificates for achievements. Feedback from staff about this initiative had been very positive. 'Thank you' cards had also been sent to care givers for tasks completed well. People liked the procedures for introducing staff and gave positive feedback about care givers and timing of visits.

A care giver told us staff meetings were, "A great opportunity to see others and to run through ideas and to discuss new ways of doing things such as how to complete activity logs properly. Meetings were used to celebrate staff successes. For example, they had a care giver of the quarter and recently the caregiver of the year had been announced and rewarded with flowers. External speakers were invited to meetings. An example of this was recently when a food supplier visited to do a presentation. A care giver told us, the organisation was, "Warm and I love the ethos. One hour can really make a difference. Everyone is passionate about what they do and care deeply about the clients."

Emphasis had been placed on building links with local professionals and organisations. The owner was involved in a wide range of activities to both develop and improve services in their local area and to get Uckfield recognised as a dementia friendly town. This included being a member of dementia action alliance groups, running Scams awareness training for care givers and being members of the East Sussex Against Scams Partnership. The registered manger was a scam busting champion for the local area. They were also members of both Lewes and Uckfield Chamber of Commerce. The owner volunteered as a Dementia Friends Champion for the Alzheimer's Society and delivered Dementia Awareness Sessions for local businesses, village communities, and charities. The owner ran a Saturday memory cafe which twice a month provided a free afternoon of activities and social support for people living with dementia or other health care needs within the community and their families/carers. This had been set up as a collaborative event with a local Dementia Day Care Centre. The owner told us one of the main benefits of being part of so many local organisations was they could signpost people to gain support in a variety of different settings. This was especially important as a high number of people lived in semi-rural settings and might not be aware of services in local towns and villages. These types of initiatives develop strong links with organisations in the local community and heighten awareness and understanding of the organisation.

The office team met daily to discuss daily activities and a weekly meeting was held to review and plan for the next week. Although the owner was very involved in the running of the service, the registered manager met with the owner monthly to discuss the weekly meetings and to provide a full update on the running of the service. From these meetings action plans were drawn up and they were an opportunity to review and

ensure there were appropriate staff levels and to plan for the following month.