

Bluetulip Associates Ltd

Home Instead Senior Care - Luton & Central Bedfordshire

Inspection report

Jansel House
Hitchin Road
Luton
Bedfordshire
LU2 7XH

Tel: 01582742275

Date of inspection visit:
14 March 2019
19 March 2019
29 March 2019

Date of publication:
25 April 2019

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

About the service:

Home Instead Senior Care – Luton and Central Bedfordshire is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing in the community. It provides a service to adults. At the time of the inspection, 47 people were being supported by the service.

Not everyone using a domiciliary care agency receives regulated activity; CQC only inspects the service being 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.

People's experience of using this service:

People's comments about the quality of the service varied. Most people were happy with how staff supported them, found staff to be skilled, caring and responsive to their needs. However, some people, relatives and staff did not find the provider to be always responsive to concerns raised about the service. They said their feedback was not always used to make consistent improvements. These comments meant that we rated Well-led 'requires improvements', but there were no breaches of regulations.

People were protected from harm by staff who had been trained and confident in recognising and reporting concerns. Potential risks to people health and wellbeing were assessed and minimised. There were enough staff to ensure people's needs were met safely. People were supported well to manage their medicines because staff had been trained to do so safely. Staff followed effective processes to prevent the spread of infection.

Staff had been trained and had the right skills to meet people's needs effectively. Staff were well supported and had information to meet people's assessed needs. Where required, staff supported people to have enough to eat and drink. Staff supported people to access healthcare services when required. This helped people to maintain their health and well-being.

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. People were involved in making decisions about their care and support. People and their relatives were involved in planning and reviewing care plans. People told us staff who supported them were caring and friendly. Staff respected and promoted people's privacy, dignity and independence.

Information in people's care plans supported staff to deliver person-centred care and in a way that met people's needs. The registered manager worked in partnership with other professionals to ensure that people received care that met their needs. There was a system to ensure people's complaints were recorded, investigated, and acted upon to reduce the risk of recurrence. The service did not always support people at the end of their lives and therefore this information was not included in people's care plans. However, the registered manager said they will include people's wishes in their care plans as soon as

possible.

Audits and quality monitoring checks were carried out regularly to make the required improvements quickly. The provider had systems to enable people to provide feedback about their experiences of the service. The registered manager said they will further improve these systems to ensure people had more opportunities to provide feedback.

Rating at last inspection:

The service was rated 'requires improvement' when we last inspected it. That report was published in March 2018.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Home Instead Senior Care - Luton & Central Bedfordshire

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

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

Service and service type:

Home Instead – Luton & Central Bedfordshire is a domiciliary care agency. It provides care and support to people living in their own houses, flats or specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because the manager is often out of the office supporting staff. We needed to be sure they would be in to support the inspection.

Inspection activity started on 14 March 2019 and ended on 29 March 2019. We visited the office location on 19 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

During this, we spoke with the registered manager, the manager, a care coordinator, a client management coordinator, a caregiver liaison support, an auditor, and two care staff.

What we did:

Before the inspection, we looked at information we held about the service including notifications. A notification is information about events that registered persons are required to tell us about. We checked the 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 used this information to plan the inspection.

During the inspection, we looked at various information including:

- Care records for four people and medicines charts.
- Records of accidents and incidents; compliments and complaints; audits; surveys.
- Three staff files to check the provider's staff recruitment, training and supervision processes.
- Some of the provider's policies and procedures.

We spoke by telephone with 10 people using the service, nine relatives of other people and two staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "I feel safe in their hands, they know me."
- The provider had safeguarding procedures. Staff had been trained on these so that they knew how to keep people safe. Staff demonstrated they knew how to report concerns to the registered manager, as well as, the local authority and the Care quality Commission. One staff member told us, "I know who to report things to in the office. We can call the office anytime we have concerns and they will deal with it."
- Records showed the registered manager reported potential safeguarding concerns to the local authority in a timely way. This was so that concerns could be dealt with quickly to safeguard people.

Assessing risk, safety monitoring and management

- People had risk assessments so that potential risks to their health and wellbeing could be managed safely. People told us staff knew how to support them safely and they had never been concerned about risks not being managed well.
- People's homes had also been assessed to identify and minimise any hazards that could put them, their visitors and staff at risk of harm.
- There was evidence that risk assessments were reviewed and updated to reflect changes in people's support needs. This supported staff in providing appropriate care to people.

Staffing and recruitment

- There were safe staff recruitment procedures to make sure staff employed by the service were suitable. The registered manager had completed all necessary checks, including with the Disclosure and Barring Service (DBS). These checks allowed managers to ensure potential staff had no criminal records that would make them unsafe to work in the service.
- There were enough staff to support people safely. The registered manager told us of some recruitment challenges in the last year, but they had been able to employ more staff.
- Some people told us they experienced some staff changes. However, most people said they were mainly supported by a consistent group of staff and they had not experienced any missed care visits. One person told us, "I have regular staff and they know what I need". One relative said, "We have a small team of four staff who have all been introduced to [person] and it works very well."

Using medicines safely

- People told us they had been supported well with their medicines. They found staff helpful in suggesting better ways of managing medicines safely. One person said, "I have medicines four times a day. They come on time because they work the times out for this." Another person said, "One carer I had was really helpful."

She thought it would be very helpful for me to have a 'dosette box' and so they arranged that." A dosette box is a small container with sections that clearly show which tablets need to be taken at what time of the day.

- Medicines people took were recorded on a medicine administration record (MAR). This enabled staff to sign the record to show people had been given their medicine as prescribed by professionals.
- Audits of MAR showed no concerns in how people's medicines were managed by staff.

Preventing and controlling infection

- People told us staff took appropriate precautions to protect them against acquired infections. One person said, "They always wear gloves when they put the cream on my legs, they are very careful." Another person said, "Our carers are very careful about washing their hands."
- One relative told us staff were also hygienic when preparing food and clearing up after providing personal care. They said, "I don't have to worry about them being clean and careful, they just are. It's automatic for them."
- Staff told us they were trained on how to prevent and control the spread of infections. They said they had enough disposable gloves and aprons for use when supporting people. One staff member said, "Going to the office always gives me an opportunity to pick up supplies too. I have never run out."

Learning lessons when things go wrong

- There were systems to ensure incidents and accidents involving people using the service or staff were managed effectively. Staff knew they needed to report any incidents that occurred during their work to the registered manager.
- Records showed the registered manager reviewed incident reports and took appropriate action to ensure everyone was safe.
- Measures taken to reduce the risk of recurrence included updating risk assessments, making referrals to other professionals to assess people or re-training staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People told us staff provided good care to meet their individual needs. One person said, " They (staff) know what they are doing." One relative said, "We have good carers."
- There were systems to continually assess people's care and support needs to ensure they received effective care. People had care plans which showed how their needs would be met by staff. These were updated when necessary. One person said, "At first, I met a manager and they worked out with me what I needed. Two to three months later, she was back for a review to make sure it's all going okay."
- People had been asked about their preferences so that they had good outcomes from the support provided by staff. One relative said, "Right at the beginning, we were asked about preferences. We were asked whether [person] wanted male or female carers and we chose female carers. They kept this on their list of essentials and they've always provided female carers."
- The service made referrals to other professionals if equipment and adaptations to people's homes were necessary for staff to provide safe and effective care.

Staff support: induction, training, skills and experience

- Staff completed a range of training to gain the skills necessary for them to support people effectively. The provider had an induction programme for new staff and regular compulsory training for all staff. They also worked with other professionals who provided specialist training if this was necessary to meet some people's specific needs.
- Staff told us they were happy with the quality of the training they received. One staff member said, "The training is good and we have regular updates. We also use [online training] and I found this really good and easy to use."
- Staff told us they were happy with how they were supported in their work. They said they received regular supervision and could also speak with office staff whenever they needed advice and support. One staff member said, "If you need support, it's there at the other end of the phone."

Supporting people to eat and drink enough to maintain a balanced diet

- Not everyone was supported by the service with their food and drinks. Some people's relatives supported them with this. People who were supported by staff said this had been done well.
- One person said, "Once a week, I have them make me something different. My favourite is [food] and they do that for me." Other people said staff always made sure they had enough to drink and would make drinks of people's choice at each care visit. One person said, "They ask me what I want to drink each time and they make it. They are very good."
- We discussed with the registered manager that some relatives were concerned about food being thrown

away because staff did not always serve this in date order. The registered manager told us they would remind staff of this, as well as, ensuring they supported people to have a variety of food and to always maintain good food hygiene.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff did not routinely support them to attend appointments with health professionals. This was because their relatives supported them with this. One person told us they had been supported well by a member of staff to attend their appointment. Another person said, "I thought they would cut my toenails, but they won't. They sorted out someone to come and do that."
- Staff were expected to provide support when urgent healthcare was required. This included contacting a person's relative, GP, NHS 111 or emergency services for advice if they found a person unwell.
- The registered manager also worked closely with other professionals when required to ensure people received consistently effective care. They told us about the 'circle of care' initiative. This put people at the centre of their care. As part of this and with people's consent, the service contacted GPs to tell them that they were involved in people's care. This helped the GPs know quicker who to communicate with when there were changes in people's treatment regimens and medicines.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found these were met. Records showed most people had capacity to make decisions and had given consent to their care support. One person said, "They always ask me. The carers never just do anything without asking first."
- Relatives supported people who had no capacity to make decisions about their care. Everyone was happy with how people's rights were promoted by staff and the registered manager.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were caring and friendly. One person said, "My carers are so nice and kind, I wouldn't be here without them." One relative said, "The carers are very considerate and very kind."
- People told us staff respected their diverse needs and preferences, and they provided care in a way that supported this. Most people told us staff always chatted with them, making them feel comfortable, included and happy.
- One person said, "We are like a family really. They know when I have bad days and they are there for me."
- Everyone said staff always treated people in a non-discriminatory way.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to make decisions and choices about how they wanted to be supported by staff. They had been involved in developing their care plans. Where required, people's relatives and other professionals had been involved in care planning discussions too.
- People felt listened to. One person said, "They understand how I like things done and they listen to me." Another person said, "We have a 'likes and dislikes' book and I require the carers to look at this. They do and it does work well."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff supported them in a respectful manner. They said staff paid particular attention to promoting their privacy and dignity when supporting them with personal care. One person said, "They help me out of the bath and straight away they put a towel right around me. They are so good." Another relative said, "I show them how the shower works if they are unsure. They then close the door and get on with it." Another relative said staff always made sure the curtains were drawn before they supported the person.
- People and relatives told us staff supported people in a way that ensured they could maintain as much independence as possible. One relative said, "The carers are very good with [person] who is very independent. They let [person] do as much as can safely do. They always ask if [person] would like some help."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us their care and support needs were being met by the service in a person-centred way. They said staff gave them choice and control over how they were supported, to enable them to live their lives the way they wanted. One person said, "I'm generally very happy with the service. They know what they are doing and get on with it." Another person said, "I think that the carers are excellent."
- People said their care plans reflected their care needs and preferences. Regular reviews ensured care plans continued to meet people's current needs so that the care provided by staff met those needs.
- Most people were not supported by the service to pursue their hobbies and interests. However, they found staff's visits helped to prevent social isolation and loneliness. One person said, "They are kind and they have time for me. Sometimes it's lonely living on my own and they make a difference."
- Some people had social visits where staff spent time socialising with them. The provider ran a weekly community 'dementia café' which was attended by some of the people using the service. This gave people opportunities to socialise with other people and develop friendships. The registered manager told us they worked with other health and community organisations who attended this event to provide various information and support to people. The registered manager said, "It's a great facility for our clients and we tell them about it during the initial consultation meetings."

Improving care quality in response to complaints or concerns

- The provider had a system to manage people's concerns and complaints. People told us they knew about this. One person said, "I've never had to make a complaint. If I did, then I would just talk to the office and they would sort it out." Another person said, "If I had a complaint, I would start with the supervisor who came yesterday and was very helpful indeed."
- We looked at complaints that had been received by the service in the 12 months prior to the inspection. We saw the registered manager took appropriate action to investigate these and respond to the complainants.
- Learning from complaints was shared with staff during team meetings, by memos or when individual supervisions took place. This enabled the provider to make improvements quickly.

End of life care and support

- The service did not always support people who required end of life care. People's care plans did not include information about how they wanted to be supported at the end of their lives. We discussed the importance of this with the registered manager and they told us they would add this information as soon as possible. The registered manager also said they were working with other professionals to develop an end of life pathway for people living with dementia. They told us they use any relevant learning from this to support people using the service well.
- However, people did not see decisions about their end of life care as something the service was required

to been involved in. They said they and their relatives would make those decisions when it became necessary.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found improvements were required in how the service used feedback to improve. Some people, relatives and one member of staff said communication with the office staff, manager and the registered manager was not always good. They did not feel they were always listened to and issues they raised did not always result in consistent improvements. However, other key questions were rated 'good' because only a small number of people raised concerns. On the whole, people were happy with the service provided.
- We discussed people's feedback with the registered manager. They told us they always used people's feedback to improve. They said, as well as, visits to people to carry out care reviews and telephone reviews, they were looking at planning focus groups to give people more opportunities to provide feedback. They also said in addition to annual surveys sent to people, they also spoke periodically with people and their relatives. They were happy to investigate the information we shared with them, so that they could find ways of improving people's experiences of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- At the last inspection, the service had an overall rating of 'requires improvement', with three breaches of regulations because there were shortfalls in some areas of service provision. Also, quality monitoring systems were not effective in identifying these. The registered manager and other senior staff now carried out regular audits. This meant they could regularly identify areas of the service that required improvements, so that they could make those improvements in a timely way.
- There had been checks of the various records. These included people's care plans, medicine records, staff files, and incidents and accident forms to ensure these contained up to date and relevant information. This enabled staff to provide safe, effective and good-quality care. One staff member said, "No one I support has ever complained about the care they get from Home Instead staff. They are happy. I have spoken to other staff who have nothing, but good things to say about the service."
- There was evidence that any learning from shortfalls identified during audits was used to improve the service. For example, the service was restructured so that they had more office staff and a new manager to ensure that audits were completed quickly. These staff had been given further training to ensure they fully understood their roles to provide high-quality care and support to people using the service. The manager said, "We have increased resources in auditing and these are carried out more systematically. We have a better process to address shortfalls."
- The registered manager told us they would continue to grow the service steadily because they wanted to ensure they provided consistently good care to people they currently supported.

- The registered manager appropriately reported relevant issues to us and commissioners of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager is also the owner of the service, which means they are the provider organisation's responsible person. They were involved with various community initiatives including running the 'dementia café', being the chair of the local 'Dementia Alliance', and the founder of the local 'dementia friendly choir'. This and other initiatives they were involved in reduced the amount of time they spent carrying out their management role at the service. They employed another manager who at the time of the inspection, they were in the process of registering with the Care Quality Commission. Staff told us this was a positive step to ensure they had consistent support and leadership. Staff also found additional office staff had ensured things were dealt with a lot quicker.
- Staff told us they enjoyed their job and they found the service good. They said they had appropriate support to carry out their roles well and they knew the standards expected of them. One staff member said, "They really do seem to care about their staff."
- The registered manager was supported by a supervisor in assessing staff's competency, supervision and providing practical support.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they required and expected.