

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

## Home Instead Senior Care

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

Tel: 02086141424

Date of Inspection: 31 May 2013

Date of Publication: July 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

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

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 May 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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During our inspection we spoke with three people using the service and their relatives who all confirmed they had been consulted before accepting the service. One person said "the staff are very good; they explain everything clearly and I know what care I am receiving".

Staff clearly explained their roles and responsibilities towards people they were allocated to support. People we spoke with told us that staff at Home Instead were dedicated and very caring. One person said "the staff are professional and go beyond the call of duty to make sure that they give an excellent service; it's a huge comfort".

We spoke with office staff and care workers who explained the type of equipment used in people's homes. These included stair lifts, sliding sheets, commodes, bath seats, walking frames, seat risers and wheelchairs. One staff member told us "it's particularly important to check that electronic equipment is properly charged for use and that equipment is safe and has been regularly serviced."

We asked to see records of the staff recruitment process and found application forms to be fully complete and a list of interview questions and responses provided by applicants. We were shown feedback forms returned from people using the service and their relatives. We saw many positive comments about the service and the staff. One care worker told us "team meetings are a platform for learning".

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

During our inspection we spoke with six staff and asked four of them about consent. The staff we spoke with explained their understanding of the term and meaning of consent how they sought consent from people they supported. One staff member told us "consent is important as it's a way of checking people have understood what you want to do", while another staff member said "I read the care plan if I wasn't the last person with the client, that way I know what's happened and can check if it is still ok to provide care". One care worker described their work commenting, "it's all about the care giving and enabling; we don't want to take over people's lives".

Another staff member spoke about mental capacity and said "not everyone will be able to give full consent, it's important to check with the manager, besides make sure that what is decided is in the best interests of the client". The staff member added "if I'm unsure I will check with the client's relative as well". Staff explained how they followed the care plan when providing care, and the reasons for doing so. One staff member explained the importance of asking permission before undertaking care, meaning that staff understood how consent was used to respect peoples' wishes.

We asked staff about the terms 'mental capacity' and 'best interests' and how this was assessed. Staff were able to give clear examples of when people they were supporting might lack capacity or need someone to act on their behalf, or in their best interest. Some staff were aware of the term 'deprivation of liberty' and were able to explain the basic meaning of this term giving examples. One example given was, "if someone is unsafe and they lack capacity and do not understand risks, they might have decisions made for them, to prevent them from harm". Not all staff were fully aware of this term, but most of the staff we spoke with believed it was related to people's safety. Staff told us about the training they had received which covered elements of confidentiality and consent during care giving or when meeting the needs of people with dementia. One care worker described what they had learned about working with people with dementia, this included showing pictures, avoiding unnecessary distractions, reducing background noise, and offering short

clear verbal cues.

Senior staff showed us care records indicating that people using the service and/or their relatives had read and signed that they understood their care plans and assessments. We looked at three care records and found contracts, data protection forms and service agreements had been signed by each of the people receiving the service. People were given the option to self-medicate or a prompting service and signed their respective choices.

We spoke with three people using the service and their relatives who all confirmed that they had been consulted before accepting the service. One person said "the staff are very good; they explain everything clearly and I know what care I am receiving". Someone else said "everything was fully explained and we signed a care contract". One person receiving a service from Home Instead told us "before I received the service someone came to ask me questions about what I needed help with and what support I needed". Relatives of people using the service were aware of the importance of care plans and understood what they could expect from Home Instead. One relative said "the staff are very flexible and if care needs to change this is accommodated wherever possible".

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with staff about how they delivered care and support to people receiving the service. Staff we spoke with described the care they gave and were fluent and familiar with the needs of the people they cared for. Staff informed us that where possible, people were given a choice in who provided their care. Senior staff advised us that they employed male and female care workers and people were offered this choice before receiving a service. They also told us "we take a full history and ask a lot of questions so that we can match the care worker to the client". We asked about out of hours support and were told that there was an on-call system for staff and people to contact at all times. One staff member remarked "we tend to work with the same clients because many of our clients do not like lots of change", while another staff member said "I was given specific clients so that they get to know me, which helps when building trust".

The staff we spoke with had all received training on aspects of person centred care throughout their initial induction. Staff told us how they involved the people they support in planning activities for the week ahead. We asked for examples and staff described trips to the river Thames, at Richmond, shopping visits, art therapy, and visits to local gardens of interest. They also shadowed with a senior staff member or someone with more experience before they were expected to work alone. Staff explained that senior staff visits them to make sure they are well supported in their roles. One staff member said "senior colleagues come to visit me while I've been working to make sure I am confident in my role". Another staff member explained "there is plenty of support, particularly in the first few weeks when office staff and the manager are in contact to provide advice on the phone".

Staff clearly explained their role and responsibilities towards people they were allocated to support. One staff member said "I ring and report anything I am concerned about to the office and update the records". Another care worker described the support and training they had received from a local physiotherapist to assist a person with exercise. The provider sent us details to support this. One care worker described the protective resources they were given before they began work, these included gloves, aprons and hand gel. We learned that Home Instead worked in partnership with other local services to provide effective packages of support.

We spoke with several people using the service and their relatives and they told us that staff at Home Instead were dedicated and very caring, with one person telling us "the staff are professional and go beyond the call of duty to make sure that they give an excellent service; it's a huge comfort". Someone else remarked "staff go the extra mile to help me, I'm very happy with the service". People we spoke with advised us that they were encouraged to contribute to their care plan and assessment. One person commented "everyone, including office staff and the manager are always at the end of the phone if I need them". Someone else remarked "I couldn't be happier; everyone is so approachable, polite and courteous". A relative said "I've been really impressed with how the service makes an effort to suit the care worker to the client; we have been delighted". Another relative told us that they thought the service was "marvellous". One relative commented "its five stars all the way; staff are responsive, personable and understanding". Another relative said staff were "punctual, prompt and reliable", while someone else commented "the staff are capable and calm and keep me informed; they've been brilliant from the start".

We looked at assessments and care plans and found these to be complete and current meaning that people's care was being regularly reviewed to meet their changing needs. The detail in the care plan was typed, personalised, clear and informative, showing past and present medical history, prompts for medication, and activities that people needed support with.

People's records illustrated an individualised approach to care and there were references to people's likes and dislikes. We saw evidence of how people's personal beliefs were recorded and included care provided to people from the Jewish faith. Risk assessments outlined environmental risks and risks to the person using the service, showing that the provider took appropriate preventative measures and actions to protect people from unnecessary injury and harm. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare, and there were arrangements in place to deal with foreseeable emergencies.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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We spoke with three staff working at Home Instead and asked them about the training they received to manage equipment in people's homes. One staff member told us "I received moving and handling training when I started work here; we practiced using hoists and slings". Another staff member described having covered the regulations of operating a hoist. They also described the important factors involved when using equipment in people's homes. Examples given were, "hoists require two people to work them" and "making sure everything is ready and the person knows what you need to do" and "ensuring the equipment is in the correct position and in working order before use". One staff member told us "making sure slings are clipped correctly, breaks are applied before use, and watch out for people's heads and legs".

One staff member explained the risks of using equipment and how equipment can accidentally injure people if not used or prepared correctly. Staff gave examples of common injuries caused by poor use of equipment, meaning that staff were aware of the risks and consequences of incorrect handling and misuse of equipment.

We spoke with office staff and care workers who explained the type of equipment used in people's homes. These included stair lifts, sliding sheets, commodes, bath seats, walking frames, seat risers and wheelchairs. One staff member we spoke with told us "it's particularly important to check that electronic equipment is properly charged for use and that the equipment is safe and regularly serviced". One other staff member commented "if the equipment is broken or faulty we shouldn't use it, we would phone the office to let them know, and record it in the notes". A care worker described the support and training they had received from a local physiotherapist and the provider sent us details to support this. The manager gave a description of the moving and handling training which included correct posture, positioning, and the safe use of mobile parts like foot-rests.

We asked to see records relating to people who used equipment. We looked at three records and one particular record gave a descriptive account of risk assessments and information relating to the equipment. Examples we saw included details about the serial number and when equipment was last serviced, along with information on how to contact the manufacturer.

We spoke with two people who used equipment at home and they confirmed that staff

were well trained and competent. One person said "the staff carry out checks before they use it, they are always very careful". Another person told us "the care worker who visits is proficient and sensible and knows how to help me with the appliance".

People were protected from unsafe or unsuitable equipment because the provider had assessed the risks before providing care and staff had received the appropriate training to undertake their roles safely.

There was enough equipment to promote the independence and comfort of people who use the service.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

During our inspection we spoke with five staff about recruitment and selection. Staff explained the procedures involved in recruitment and selection and showed us records to support this. One staff member said "I found out about Home Instead through their website", while another said "I saw information about the agency". The manager showed us marketing material that was distributed locally to capture the interest within the community.

We asked the manager to explain the employment process they used to recruit staff. The manager told us "we usually have a brief conversation with prospective applicants and then send them an application form to complete". The manager went on to explain "once they have completed the form we talk with them again on the phone or ask to meet them initially to exchange information. We ask brief questions before inviting them for a formal interview". The provider used a scoring system at the interview summary stage to quality check candidate suitability.

We noted that the manager discussed roles and boundaries with all new staff and that the interview process was comprehensive and robust and included checks on staff vehicles. These included details about their driving license, vehicle MOT and motor insurance.

We asked to see records of the recruitment process and found application forms to be completed. We looked at a list of interview questions with a range of responses provided by applicants. Records included details about people's experience in health or social care and relevant qualifications, including National Vocational Qualifications in care (NVQ) level 3 and a social care diploma.

We spoke with three care staff who gave detailed accounts of their interview experiences and each confirmed a selection of questions they were asked at interview. We asked newly recruited staff to tell us about the documents they had been required to supply before starting employment. One care worker said "I provided my passport and proof of address", while another care worker told us "I was asked to sign a health questionnaire and brought evidence of my right to work in the UK". We asked about references and were informed by both the manager and care workers that up to six references were required, depending on people's circumstances and that Disclosure and Barring Service (DBS)

checks were carried out before staff worked alone with people. Care workers told us that the recruitment process was "very thorough".

We talked with two people using the service and three relatives. They described staff as "professional", "caring" and "competent".

We checked records for each newly recruited staff member and found the recording process and documentation to be robust and comprehensive. Appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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

We were shown a collection of feedback forms returned from people using the service and their relatives. We saw many positive comments about the service and staff. Senior staff showed us electronic records indicating the quality monitoring contact the provider had logged with people using the service. The process was used to track verbal and written reviews for people using the service. We were shown a similar system of how staff training, supervision and appraisal records were maintained, tracked, checked and audited. We saw examples of quality checks made of the documented care people were receiving, indicating that the provider was managing parts of the audit process.

We asked about internal audit and were shown an annual report following an unannounced internal audit from a visiting Head Office staff member. The report was probing and robust, with clear feedback on progress and recommendations, illustrating that the service was receiving support from independent monitoring.

Care staff advised us that at team meetings staff were briefed on changes and developments using a problem solving approach. One care worker told us "team meetings are a platform for learning and support, we all get together to exchange our ideas". We spoke with senior staff and care workers who discussed the role of supervision in maintaining quality standards of care, and providing essential staff support.

We looked at evaluation records following supervisory visits to monitor staff and the

comments we read were complimentary, meaning that people were being provided with the opportunity to express their views about the quality of the service.

One office staff member described the use of unannounced visits to staff while they were working to quality check the standard of care given. We were told "we get positive feedback about the staff, but still like to check and provide support".

We spoke with care workers and two of them told us that they had received visits from senior staff while at work. One care worker commented "my senior has been to visit me while I've been working with my client". Another care worker told us "Home Instead provide a lot of support; they phoned me on my first shift to check that everything was going well". Another care worker described being shadowed on several occasions and receiving the support of a buddy, a more senior worker, before they were expected to work alone.

We talked with a number of people using the service and their families. They advised us that staff in the office were available to speak to if they needed to change their care, or if they had any concerns. One person said "the office and I are in regular contact", and someone else told us "we are regularly consulted on whether the service is meeting our needs" and someone else said "I'm often encouraged to provide feedback, although everything works very well for me". Someone else said "the office phoned me shortly after my service began to check things were working out".

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider took account of complaints and comments to improve the service.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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