

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

Home Instead Senior Care Weston Super Mare

Badger House Enterprise Centre, Oldmixon
Crescent, Weston Super Mare, BS24 9AY

Tel: 01934627649

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2013

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Western Consultancy Services Limited
Registered Manager	Miss Victoria Claire Christine Lodge
Overview of the service	Home Instead Senior Care is a domiciliary care service based in offices in Weston-Super-Mare.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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 unannounced inspection.

How we carried out this inspection

We carried out a visit on 7 May 2013, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

During our inspection we spoke with five people who used the service. All of the people and the care workers we spoke with gave positive feedback about the service. People and their representatives told us the staff who supported them knew them well because they had the same worker for each visit. They told us the workers were always polite and considerate. Care was arranged to meet their needs and adjusted if any changes were required. One person told us "they always let me know what they are doing with my visit and talk to me about my care."

We heard that there was flexibility to arrange additional visits to cover occasions when people needed extra support. We were told the care workers supported and encouraged people to maintain as much independence as possible. We heard that people felt comfortable with the care workers and were able to ask them to complete additional tasks.

People told us they felt safe using this service and knew what to do if they had any concerns. They had all met the manager and were confident about contacting them if there were any issues.

We saw there were daily activity logs completed by the care workers and saw staff understood the care to be provided and that they took action when there were any concerns about people's safety. We were told "staff are sufficiently trained before working here and I am confident in their skills."

People we spoke with commented on the pleasant and caring attitude of the care workers.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit to the agency office we looked at a sample of five care records, called client journals. Four of these were for the people we visited; this allowed us to compare the records and case track the care and support for these individuals. The records showed us that people's needs had been assessed by the agency prior to the service starting. We read that care plans had identified the needs of people and were outcome focussed. The information in the care records was comprehensive and the assessment and care planning documentation signed and dated by the person who received the service. This demonstrated that the agency understood people's needs and provided a service to meet them.

During our home visits to people who used the service we asked if we could look at the care records available in the home. We asked people if they knew what was in their records. All the people we spoke with confirmed that they had been involved in an initial assessment of their needs. We saw that people had a signed copy of their service provision agreement were told "this is my choice; I have support to suit me."

People told us that they received care that was personalised and met their individual needs. We were told by one person "I know what is in the folder but I'm not interested enough to read it." Another person told us "I always sign the sheet so I know what the care workers write in the files."

The care workers we spoke with demonstrated an understanding of the care planning process and of individual's needs. We were told by a care worker "I read the care plan and also ask the families and people I support if they are happy with their visit".

Care workers told us they shared information between themselves and used the activity logs to check what support had been provided. We saw examples of the client activity log that staff recorded actions on following each care visit. These showed that the care being given matched the assessed needs in the individual care plans. The care workers told us

about the procedure for reporting any identified changes in people's assessed needs. They told us that communication was good between them and the manager, and they were kept updated. All of the care workers we spoke with said they could and did approach the management about any such issues and that they were listened to.

The manager told us that care workers worked with specific clients to promote continuity of care. We saw that care workers were given visit schedules and travel times were included. All of the care workers we spoke with said that the scheduling system generally worked well. One care worker told us that being the primary care worker for two people allowed them to develop a trusting relationship. Another care worker explained about the call monitoring system. We were told that if care workers were late arriving for example, this set off an alert in the office so that people could be contacted and kept informed of any delays. This system also allowed the agency to monitor care workers when making out of hours visits.

The people we visited all had weekly schedules of their care visits and knew the names of their regular care workers. We saw in the care files that photographs of care workers had been provided to people so workers could be recognised when they arrived at the service. This meant that people had the reassurance of knowing the care worker and received continuity in their support.

We were told by one person who used the service the care workers were "really kind" and "We get told if they are going to be late, I have always had my visit, it has never been cancelled."

We asked if people had received the care expected. People told us that they received the care they expected and if not, they were comfortable raising this with the care worker. People told us that the care workers stayed the time that they were allocated, unless the person using the service requested otherwise. We were told that if there was time, then their care workers would do extra things such as housework for them.

We spoke with four care workers and asked how they promoted the dignity and privacy of the people they visited. We were told that because they were always introduced by the manager or another care worker to new clients, they always knew their preferences of how they wished to be addressed and the detail of how care was to be provided. We were told by one care worker "I always ensure that we are not interrupted and that doors and curtains are closed to give some privacy." This meant that people's wishes were listened to and implemented.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We saw the agency had a policy for infection control and used the Code of Practise for health and adult social care on the prevention and control of infections.

We saw that the care workers did not wear uniforms. We asked the manager about this and were told that the ethos of the agency was to promote the personhood and independence of people who used the service, and to move away from a traditional agency model.

We asked how infection control was implemented by care workers whilst on assignment. We were told by the manager that the induction for all workers included a session on infection control and in particular effective hand washing. We saw information and guidance about infection control was included in the staff handbook.

We asked care workers about the personal protective equipment they were given to use in the community. We were told that gloves and aprons were provided. This was confirmed by the manager who also told us that alcohol gel rubs were not provided because the agency policy was for staff to use hand washing with soap. We read that availability of hand washing and waste disposal facilities for gloves and aprons was assessed by the manager as part of the environmental risk assessment undertaken by the manager prior to a service starting.

We read on care workers files that some workers had received a vaccination against Hepatitis B. We asked the manager about the agency policy on this. We were told that care workers were advised that they could have the vaccination but it was not compulsory. We were told by the manager that the infection risk of any person wishing to use the service was assessed and recorded. If there was any concern then appropriate measures were included in the care plan. We read evidence of this in the care records.

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

We looked at the recruitment documents for four care workers who had recently been employed by the agency. We saw that each care worker had appropriate checks completed before being offered employment. These included a completed application form; qualification certificates; references relating to previous experience and good character of the applicants; personal identification and criminal records bureau checks. The agency conducted face to face interviews with all applicants. We saw that applicants' responses to interview questions were recorded along with the outcome of the interview.

We read that successful applicants had completed an induction programme prior to being given assignments in the community. The manager told us care workers attended three days training as part of their induction and were given information containing relevant guidance in the employee handbook. We confirmed this from the staff records and from the care workers who spoke with us.

We saw that people completed a three month probationary period after which they attended a supervision meeting to ensure they were competent. The people we visited confirmed to us the care workers had the appropriate knowledge and skills to meet their needs. This demonstrated that the agency have a recruitment process that safeguarded people who used their services.

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

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

Everyone we spoke with was very positive about the service they received from the agency. People we visited told us the care workers always asked if they were happy with the care they had just received. One care worker told us "I always ask people if they are happy before I leave". They told us that the agency responded promptly to any questions they asked. One person told us "any queries or questions I have, I just ask them."

The agency used questionnaires to obtain feedback about the service. People were asked to respond to a series of questions and rate aspects of the service. We read the responses from the questionnaires sent out in April 2013. We saw that people had stated their satisfaction with the service. We read comments about the service submitted by people which stated "I have been extremely pleased with the help given me by Home Instead Senior Care" and "the carers have been of great help and comfort to me."

The manager told us that when all of the questionnaires had been returned they would analyse the feedback and plan any action that needed to be taken to improve service delivery.

We saw that the agency used questionnaires for feedback when people had finished using the service. We read that all of the respondents had indicated that they would recommend the service to others. This demonstrated that the agency actively sought feedback in order to ensure customer satisfaction with the service.

We saw that procedures were in place for reporting accidents and incidents. The format used documented the incident or accident and the outcome for the person who used the service. The manager told us that currently there was no formal audit or analysis of accidents and incidents. This was because the agency had only needed to record one accident since their registration. We saw there was no space on the document to record any action taken to prevent a recurrence of the accident or incident. The manager told us that this information would be included in their incident/accident auditing tool.

The care records showed that risk assessments were carried out and reviewed to protect people who used the service and care workers who delivered the care and support. We

saw there was a management on-call system for care workers to use for out of hours. We read the minutes of the care worker meetings which recorded that information was shared and improvement in work practices discussed.

We asked if the agency had implemented any other audits of the service. The manager gave us copies of the formal audit undertaken by Home Instead Senior Care and the contract compliance audit undertaken by North Somerset Council. These audits covered all aspects of service delivery. We saw that the independent audits of the service identified minor administrative tasks for completion which we read had been actioned by the manager. This showed that the agency was subject to external audit and responsive to action points raised during the process.

We looked at the care files for records of reviews of care plans. We saw there was a structured format and process for reviewing care plans. We were told by the manager that the people who used the agency had been visited after the service commenced to ensure the service met expectations. We saw evidence of completed review documents in care files. We asked the care workers about the process of reviewing care for people. The care workers confirmed the process and told us that if any significant changes had occurred with people the manager visited very promptly to review care plans.

We read in care records that people who used the service or their representatives were asked for their views about their care and treatment and they were acted on. One person told us "the manager of the agency is always checking up and making sure I am happy with the service".

We asked the care workers if there was a system of spot checks by the manager to ensure that care workers maintained the required standards of professional conduct during care visits. We were told that this happened on a regular basis. We were able to read evidence of this recorded on care worker's files and saw how it was linked to the induction and supervision process. The manager confirmed that this type of check was completed and told us "this process provides reassurance of the care workers ability to implement the care plan and work effectively with our clients." This showed that the agency monitored the quality of the work provided to people who used the service.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The people we visited had client journals that included details of how to make a complaint and the complaints procedure allowed people to remain anonymous if they wished. This included contact details of reputable community services, such as advocacy, which they could use to if required.

We asked people about the complaints procedure for the agency. We saw in the care files in people's homes information about how to complain. However, people told us they were confident that if they raised issues they would be acted on.

The support workers we spoke with knew about the complaints procedure and what to do to support a person who used the service to raise any concerns they might have.

During our office visit we read the complaints file. We saw there was a clear procedure in place and there was one complaint held on file. We read that the complaint had been responded to following the organisational procedure. We discussed the complaint with the manager who told us that the issue had not yet been resolved.

The manager told us action that had been taken within the organisation to prevent a recurrence. This meant that an analysis of the complaint had taken place and learning opportunities for the staff team had been implemented.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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