

In Home Care Limited

In Home Care Haslemere & Grayshott

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?	Good ●

Summary of findings

Overall summary

About the service

In Home Care Haslemere and Grayshott is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to people with a variety of health needs. At the time of our inspection there were 20 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were eight people being supported by staff with personal care.

People's experience of using this service and what we found

People told us they were supported by kind and caring staff that treated them with dignity and respect.

Staff supported people with their medicines, where appropriate in a safe way. There was good oversight and management of individual risks and there were enough staff to meet all support needs at all care calls.

Staff completed competent assessments that meant support could be tailored in line with people's preferences and choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew how to communicate with people well. This was also documented in people's individual care plans. People also received personalised care that was in line with how and when they wanted to be supported.

Both people and staff felt supported by the registered manager and staff were aware of their roles and responsibilities. There were audits to ensure the quality of the support was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 04 October 2021 and this is the first inspection.

Why we inspected

We inspected to ensure a first rating for In Home Care Haslemere and Grayshott.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led.

Details are in our well-led findings below.

Good ●

In Home Care Haslemere & Grayshott

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 November 2022 and ended on 23 November 2022. We visited the location's

office/service on 18 November 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care workers and administrative staff. We also approached four professionals to request feedback.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff supporting them. One person said, "I have always felt safe. No concerns there."
- Staff told us how they were confident to raise any safeguarding concerns in a timely way. One member of staff said, "At In-home we are told to report any concerns no matter how small we consider these to be, so they can be investigated and resolved in line with the safeguarding policy and procedures. Safeguarding and Whistle blowing policies are sent to us on a regular basis."
- The registered manager had a safeguarding policy in place and we saw that staff received regular training in how to identify different types of safeguarding concerns and how to report them.

Assessing risk, safety monitoring and management

- All care plans included risk assessments for individual needs. For example, one person had restricted mobility and staff needed to support them with a hoist. The risk around this was clearly identified and advice and guidance was provided to staff to minimise the risk.
- Other people's care plans were seen to identify risks such as skin integrity. This showed details about the individual risk and how staff needed to apply specific creams to minimise this risk. We could see this was being completed by staff from reviewing the medicine records and body maps.
- Regular care plan reviews were completed. This ensured if there were any changes to any person's risks this would be updated on the care plan. This would then be shared with all staff members so everyone was aware of any change to risks.

Staffing and recruitment

- People told us that there were enough staff to ensure all care calls were completed. One person said, "No, staff have never missed a call always on time." Another person said, "I think they're all marvellous, always on time, they look after me well and they're very good at getting me in the shower and they remember what you like."
- Staff members told us they felt they had enough time between calls and were never rushed or short staffed. One staff member said, "In my experience I have always had plenty of time to travel from one client to the next and spend enough time at the clients house to complete all tasks effectively."
- We saw that the registered manager followed safe recruitment processes. This included full interviews, reference checks with previous employment, checks in to any gaps in employment. They also completed a check with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely; Preventing and controlling infection; Learning lessons when things go wrong

- People told us staff supported them with medicines. One person said, "They sort it (medicines) all out for me, they go to the pharmacy and collect it all and they make it up for me every visit."
- People were protected from the spread of infection. People told us that staff used Personal Protective Equipment (PPE) when necessary. This reduced the chance of the spread of COVID-19, flu and other possible infections.
- The registered manager had ensured all staff had regular refresher training in infection prevention control (IPC). This was on a regularly reviewed training schedule to ensure all staff were aware of all up to date IPC guidance for care staff.
- The registered manager had an accidents and incident reporting procedure in place. This included a log of incidents and ensured that trends and patterns were identified so steps could be taken to prevent reoccurrence. There had only been four recorded incidents in 2022.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People and relatives told us how the staff work with them together to ensure they meet people's needs. One relative said, "With their help and our help [relative] is very, very comfortable. They (staff) have put a lot of effort to making it work for us and our individual needs as a family and [relative's] individual needs."
- People told us how staff listened to them and ensured they met people's needs. One person said, "The staff are all very nice girls and I get used to them and they soon learn what you want doing."
- We saw thorough assessments had been completed at the beginning of support for someone to ensure staff could meet people's individual needs. We saw people and relatives had been involved to ensure choices were clear in care plans. This ensured there was advice for staff to deliver care in line with people's preferences.

Staff support: induction, training, skills and experience

- The registered manager had good oversight of staff training. They had a matrix that confirmed when training had been completed and when upcoming training was due. This ensured all staff remained up to date and completed all training relevant to their role.
- One person told us, "They know what they're doing and trained, definitely."
- Staff told us they felt they had been supported to get all relevant training completed. One staff member told us how they had been supported to achieve higher education courses.

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

- We saw evidence of the registered manager having regular contact with social workers and mental health professionals when required. This ensured that all relevant information was shared so the support could remain as effective as possible.
- We saw evidence of health referrals and results of health appointments recorded in care plans, where necessary. This ensured staff had access to all up to date current information regarding people's health needs.
- Any changes as a result of a health referral was added to all care plans in a timely way.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the importance of gaining people's consent. One staff member said, "We ask each individual who has capacity for consent before completing each task, if the individual does not have capacity, we complete tasks within their best interests. It is a part of In-Home's agreed ways of working that we document consent has been gained throughout the call or tasks have been completed within best interests."
- The registered manager understood their responsibilities. They discussed what professionals they would be in contact with and who would need to be involved with any decisions in relation to people's capacity if it was required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff. One person said, "I love my carers, I love them, they're lovely, lovely girls."
- Relatives told us how staff supported their loved ones with kindness. One relative said, "They really care about [relative]. I would say it is exceptional. We have the same team. It's quite heart-warming. Even when they (staff) have left the company and I bump into them they say they miss [relative]."
- The registered manager ensured all staff completed training in equality and diversity and there was a policy to ensure information was available for staff if this was ever required.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us staff always treated them with dignity. One person said, "Every time they are very respectful and treat me with dignity."
- Relatives told us how staff had encouraged independence and prevented deterioration. One relative said, "We wouldn't have [relative] if it wasn't for them (staff). Respite care and hospitals, she has deteriorated so much, she wouldn't survive without us and care at home. And for that I'll be forever thankful."
- People and relatives told us how they were confident to express their views. One relative said, "I can always call [registered manager] and tell her my views on any area of the care. I feel very comfortable doing this and I feel action would be taken."
- People and relatives told us they were always making decisions about their care. One person said, "Staff are always asking me what I would prefer and listening to my decisions and following how I want it (the support) done."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us that staff knew them well. One relative said, "The staff are great, they have really made an effort to get to know [relative] well. And how [relative] likes their support and what she doesn't like and they make sure they do it right."
- Staff told us how it was important to them to know people well and their preferences. A staff member said, "You can't possibly treat all people the same. They all have their likes, dislikes and it's important we know them."
- Personalised care details, likes and dislikes were detailed in each person's care plan. For example, one care plan detailed what a person liked to have on the television such as specific sports and antique shows. This ensured staff could make sure the person was as comfortable as possible. People and relatives corroborated this with positive feedback regarding personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication needs detailed in their care plans. This ensured staff could support them in line with their needs. For example, care plans detailed people's hearing needs and if they required glasses. People and relatives confirmed staff were good at communicating with people.

Improving care quality in response to complaints or concerns; End of life care and support

- People and relatives told us staff and the registered manager were very approachable if they ever had any concerns. One relative said, "We spend a lot of time working with them (staffing team). They respond to any concerns. They take action quickly."
- There was a complaints policy in place which had clear action that would be taken in response to any concerns or complaints raised.
- We saw an example of a complaint about a rostered time that was not a person's preference. We saw the registered manager had responded quickly to this concern and changed the call time to be in line with the person's preferences.
- At the time of inspection there was nobody receiving end of life care. The registered manager was knowledgeable about what professionals and family they would include if any of the people began to enter this stage of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us the manager was always available to speak to about anything. One person said, "[Registered manager] is very approachable, I could go to her with anything."
- People and relatives told us how they were involved with making suggested changes and the registered manager was responsive to all ideas. One relative said, "They complete a log that I've created for me only to liaise with the doctors because I wasn't getting on with their computer system. I'm appreciative because they didn't need to do it."
- Staff told us they felt supported by the registered manager. One staff member said, "I believe In-Home supports not only the residents but the staff too, this includes support with personal issues, career development and shifts to suit individual availability." Another staff member said, "[Registered manager] is very supportive."
- The registered manager was clear about their role and responsibilities. There were clear quality assurance audits completed. This ensured there were no issues with the quality of the service and if any action needed to be taken, it would be taken quickly. For example, the registered manager completed care plan audits, this made it possible to identify care plans that required reviews and updating.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others; Continuous learning and improving care

- There was a duty of candour policy in place for the registered manager to follow. The registered manager confirmed that they like to work in an open and transparent way with both staff and people. The positive feedback we received supported this.
- One of the provider's legal responsibilities is to notify CQC of any significant events or incidents. The registered manager had notified us of all relevant notifiable incidents.
- Where appropriate, the registered manager had shared information with professionals. This ensured people received the most effective care in a timely way. For example, the registered manager had worked with the occupational therapist (OT) to ensure people had mobility aids to suit their needs.
- The registered manager had oversight of the company as a whole. This included learning from concerns or suggestions made by a variety of people. This also included learning from accidents and incidents to which they kept a log to ensure any trends or patterns could be identified and learnt from.

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

- Relatives told us how they were regularly asked for feedback. One relative said, "We get a phone call – I had one last week. They ask us lots of questions like any problems with staff, anything we would like changing."
- We saw evidence of the feedback received and how it was reviewed to ensure any changes could be made in a timely way.
- Staff felt involved with the day to day running of the company and confirmed the registered manager listened to them. One staff member said, "Each time we have team meetings notes are taken; this includes whether the service can be improved, any recommendations, concerns."