

Open Arms Care Limited

Home Instead Canterbury

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

Home Instead Canterbury is a domiciliary service providing personal care to people in their own homes. The service provides personal care to people living in their own houses or flats who required support due to needs relating to their age or living with a physical disability. 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. At the time of our inspection there were 21 people using the service, with 8 receiving support with personal care.

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

People were protected from the risk of abuse by staff who knew what to look out for and how to report concerns.

Feedback on the staff was positive with people describing them as, "Lovely" and, "Kind and compassionate." Staff were on time and assisted people with the tasks they required. People told us they had not experienced missed or late care visits and the care being provided was consistent.

Risks were assessed and information provided to staff to prevent these occurring. Care plans held personal information on people and provided guidance for staff to be able to care for them well.

People told us staff used personal protective equipment (PPE) appropriately when they undertook care visits, and the provider told us they had sufficient supplies for staff to use.

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 completed a range of training modules and shadowed experienced staff when starting with the service. People told us they felt staff knew what they were doing and supported them well. Staff were supported by the provider and manager when required and staff told us they were always available for support.

Feedback on the service was positive from people and relatives we spoke with. They knew who the provider and manager were and how to contact them if they needed. They told us they felt the service was well-led and encouraged people to be engaged and involved in their care. Care records showed staff worked with external agencies, such as healthcare professionals, to achieve positive outcomes for people.

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

Rating at last inspection

This service was registered with us on 19 January 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Home Instead Canterbury

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

This inspection was carried out by 1 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 not a registered manager in post however there was a manager who was in the process of registering with the Care Quality Commission.

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 20 April 2023 and ended on 26 April 2023. We visited the location's office on 20 April 2023.

What we did before the inspection

We reviewed information we had received about the service since its registration with CQC. 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 2 people, 3 relatives who were nominated to speak on people's behalf, 8 members of staff including the provider, the manager and care staff. We reviewed a range of care records. This included 4 people's care plans and associated records. We looked at 3 staff files in relation to recruitment, supervision, and training. A variety of records relating to the management of the service were also 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 were protected from the risk of harm and abuse. All people and relatives told us staff made them feel safe and also knew who to contact if there were any concerns. One relative told us, "[loved one] feels very safe. I know they do. They love the staff."
- Staff knew what signs to look out for and how to report any concerns they had. They were confident action would be taken by managers to keep people safe, telling us, "Oh no doubt they would do something about it. They are really good at telling us what happened after also."
- Staff knew who to contact in the event of actions not being taken by the management team. They told us they would contact the Local authority or the Care Quality Commission to raise their concerns.
- The manager told us there had not been any safeguarding reports made to the local authority safeguarding teams for us to review as there had not been any incidents requiring this. The provider and manager both told us what incidents would be treated as safeguarding and assured us they knew what to do to ensure people were safe.

Assessing risk, safety monitoring and management

- Risks to people being supported were identified and assessed appropriately. People had personal risk assessments which were relevant to the risks present to them as individuals.
- Risk assessments were regularly monitored and reviewed by the field care supervisor and manager, to ensure staff had the most up to information so actions were taken to reduce the risks identified.
- Actions were taken where risks had been identified. Appropriate healthcare professionals such as community nurses or therapists were contacted to find ways of minimising the chance of risks reoccurring.

Staffing and recruitment

- People were supported by staff who were recruited safely. Full employment history had been checked, and gaps in this history were discussed and recorded. References obtained were appropriate and helped the provider to ensure staff were of good character and safe to support people in the community.
- All staff had appropriate right to work checks and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to meet people's needs. Feedback we received was positive. We were told staff arrived on time, stayed the duration required and supported them the way they wanted.
- One relative told us, "My [loved ones] regular carer was going to be off, and we were told another member of staff would be arriving. When they did, our regular carer was there too. They had come on their day off to show the new carer what to do and make sure we were ok. They did not have to do that, but it just shows

you how caring they are."

Using medicines safely

- People were supported to take their prescribed medicines in a safe way. There was clear information in care plans for staff as to when people required support with their medicines and what level was required. For example, the majority of people required prompts and reminders to take them only.
- People's medicines had been risk assessed and responsibility for ordering and storage of these were recorded where necessary.
- Staff were trained in medicines management and their competency was assessed by the manager and field care supervisor who had been specifically trained to be able to assess this.

Preventing and controlling infection

- People told us the staff who supported them wore appropriate personal protective equipment (PPE) such as gloves, aprons and face coverings when supporting them with personal care.
- The provider had an up-to-date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the office when required and had arranged to pick up and drop off to their colleagues.

Learning lessons when things go wrong

- The provider, manager and staff understood their responsibilities to record and report any accidents and incidents or near misses. Staff told us, "It depends on what had happened. We complete our incident forms which are sent to the manager but if it was an emergency, I would call so there was no delay."
- Things which had gone wrong were discussed in team meetings so staff could understand what needed to be changed to ensure they did not happen again.

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's needs and choices were reviewed before they started to use the service. The provider and manager arranged assessments and met the person who was requesting the service to ensure their needs could be met.
- We reviewed evidence of requests for support which had been denied. This was because the provider did not feel they could safely meet the person's needs and expectations or could not provide a good quality service to.
- Care records detailed people's likes and dislikes and contained information, which was important to them such as allergies, religious beliefs, pets etc.
- People's care plans and risk assessments were kept under review and updated whenever there had been a change in need. This ensured staff had access to the most current and relevant information needed to be able to provide care and support.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were trained well and knew how to support them or their loved ones in a personal and respectful way. One relative told us, "I have never thought the staff don't know what they are doing. In fact, they go above and beyond just being carers."
- Staff had received induction training which included the Care Certificate, and there were systems in place to ensure staff had shadowed a senior colleague before working independently. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were able to contact the provider and manager at any time for support and guidance which helped to reassure them. Staff told us, "Communication with the office is really good. If I have a problem, I call the office. If no one is available, they call me straight back."
- The provider had undertaken regular supervisions and meetings with staff to discuss performance and discuss any concerns they may have had.

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

- People were supported to eat and drink enough to remain well and in accordance with people's care plans.
- Not all people receiving care and support required meals to be prepared and served by the staff as other people involved in their care completed this. However, there were records of drinks and snacks being offered by care staff in between these times.

- Staff recorded in people's care plans what had been drank, eaten or offered so intake could be monitored and ensure people were eating and drinking enough. One relative told us, "We can monitor what [loved one] has eaten via the notes the staff keep, so that if needed we can encourage them to have more." This information was also shared with healthcare professionals when necessary.

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

- Staff worked with other agencies to assist people to live healthier lives and access healthcare services when required. One relative told us, "The staff told me that my [loved one] had a cough. They said they would monitor and if still there in the morning they would seek medical assistance. I managed to get an appointment with [loved one's] GP the following morning. The same carer arrived and then took my [loved one] to that appointment, which was so helpful."
- Outcomes of appointments with specialists such as therapists or nurses were included in a person's care plan record, assisting staff to have access to the most up to date guidance required.

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.

- Most people being supported at time of the inspection were able to make decisions about their care and support for themselves and did not require a legally nominated person to make decisions on their behalf. The provider and manager understood what would be required if a person were unable to make decisions for themselves.
- Details of other persons involved in people's care, who could support with decision making or advocate on their behalf, was recorded in care plans.
- People were asked for consent before completing care plans and assessments. Daily notes of visits completed by care staff had records of them seeking consent before supporting people's needs. Staff told us, "I always ask what someone may need help with. There are days they refuse. Which is fine, but I always try to encourage or perhaps say the question in a different way."

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 were well treated when receiving support from Home Instead Canterbury. People and their relatives told us the provider and the manager were "Very nice" and "Do a good job." They also described staff as "Caring," "Lovely," "Compassionate" and "Perfect."
- Staff knew people well and told us this was due to seeing people regularly. This helped staff get to know people and support them the way they wanted to be supported.
- One relative told us, "Not only do the staff support my [loved one] but them being supported in such a nice way gives me confidence I can take a break and know they are safe."
- Staff were introduced to people they were supporting before they started by their regular carer. People told us they appreciated this, so they knew who was coming in to see them and new staff could get to know how they wished to be supported.

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

- People and their relatives all told us they were involved in developing their care plan and how they wished to be supported. One relative told us, "I was involved and was able to describe what I think would be the best way for the support to be provided."
- People and their relatives were able to tell us who they would go to if they wished to make changes to their planned care or if they would like to increase/decrease the level of support.
- Care plans included important information such as contact details of all people important to an individual and were listed with whom should be contacted first in the event of an emergency or regular day-to-day updates. All relatives we spoke with told us the staff kept them up to date with all important information relating to their loved ones.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible. Staff were providing support only when the person could not manage themselves. We were told staff were there for confidence and to make sure people are safe. One relative told us, "When they arrive, they help them with a shower. They can manage it themselves, but staff are there to make sure they don't fall, and they are ok which is reassuring."
- Staff described how they would ensure people were treated with dignity and respecting people's right to privacy, such as closing curtains and blinds when providing personal care for example.
- People's confidential information was contained on the provider's electronic systems. Only staff who were attending to an individual could access private information relating to them. If staff were not booked to visit a person, they were not able to view this information.

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's care plans were personal and contained important information to be able to provide care and support the way each individual wished for. They were written from the persons perspective and included their wishes and preferences.
- Care and support plans had sufficient information and guidance included to ensure individual care was delivered and responded to any changes in people's needs. Care plans were kept under review and were updated as necessary.
- Staff described what person-centred care meant to them and how to apply this when supporting people. We were told, "Care is always for them as individuals. It's their care. I support two people who live with dementia; however, this has had a different impact on them and how they live. Therefore, I must support them in different ways. Everyone is different."

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's communicational needs were assessed and recorded in care plans. Where they required aids for hearing or for sight this was documented to ensure staff had the information to be able to communicate effectively.

Improving care quality in response to complaints or concerns

- All people and relatives told us they knew who they could talk to if they needed to raise any concerns or make a formal complaint.
- We were informed the service had no open complaints for us to review at the time of inspection. The provider explained they contacted people periodically to see if there were any concerns to solve them before they become complaints.
- We were told if complaints were received, they would be investigated openly, in line with their policy and would be used to continually improve the service.

End of life care and support

- The service was not supporting anyone with end-of-life care at the time of the inspection.

- The provider had an end-of-life care policy and procedure in place, and this had been sent to all staff.
- Staff were able to tell us how they would support people at the end of their lives, "I would always make sure they were comfortable and dignified. We have to use a degree of tact and sympathy but ultimately respect their wishes about what they want."

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

- We found a positive culture where the provider put people using the service and staff employed first. They told us they were not prepared to support more people in the community if it would have a negative impact on the people currently being supported or put the staff under too much pressure. The provider told us, "Although we are a business, we only say we can provide care to people that we know we can do and do well."
- Feedback we received on the service was positive. People and their relative felt the service was well led and staff were reliable and consistent. We were told, "The new manager is lovely. Very nice when I spoke with them. As soon as they took over, they were in touch with me."
- Staff feedback on the management of the service was equally positive telling us, "There has been an improvement since the new manager has started" And "The provider is brilliant, they stood up for us when there were some conflicts and supported us all."
- Staff told us they enjoyed working for the service and that it was a good place to work. People were all positive about the care they received and the impact this had had on their lives.

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

- The provider and manager understood their regulatory responsibilities. They understood they had to inform the Care Quality Commission (CQC) and the local authority of important events in line with guidance.
- The manager had recently been recruited to post. They had completed a full audit of records held by the service. We reviewed this audit which had identified some shortfalls in records kept, however many actions had already been completed and some were still in progress to have these rectified by May 2023.
- The provider, manager and staff demonstrated a clear understanding of their roles and responsibilities when supporting people.
- The provider and manager understood their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.
- Staff were encouraged to raise any concerns, report accidents or incidents and be honest when things had gone wrong. Staff told us the reporting structure and felt confident concerns would be recorded and investigated appropriately.

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

- People and their relatives were encouraged to be involved in the care and support provided. We were told staff support them the way they wished to be supported and adapted the support when required. One relative told us, "They are so flexible. If I need an extra visit, or extra time I have no doubt they would accommodate this as they have done before."
- The provider had held staff meetings, where issues or concerns identified were discussed. Staff were asked for feedback and suggestions to improve the service and staff told us they felt able to make these suggestions and they would be listened to.
- People, their relatives and staff all told us the provider and manager were open, honest, responsive, and always contactable which provided reassurance to them.

Continuous learning and improving care; Working in partnership with others

- Audits had been implemented by the manager to ensure the service was working in accordance with provider's policies and procedures and were used to identify any ongoing improvement needed.
- The provider, manager and staff worked closely with people's relatives and health and social care professionals to provide effective and joined up care and support.
- Staff told us they discussed incidents and areas that could improve the care provided between them in a secure messaging application on their phones. Staff told us, "We communicate, and we hand over to each other. If something has happened or someone is not feeling well, for example, on that day we make sure we keep an eye on them between us."