

Sienna Home Care Ltd

In Home Care (Eastleigh)

Inspection report

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Eastleigh
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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 (Eastleigh) is a domiciliary care provider. At the time of this inspection 10 people received personal care support from the service. The service supported older people, some of whom were living with dementia, within their own homes.

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.

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

People felt safe using the service and relatives felt assured they were kept safe from abuse. The service had enough staff to ensure people received a reliable and consistent service that met their needs. Staff had been safely recruited.

There were plans in place for foreseeable emergencies. Risks concerned with people's health, care and the environment were assessed and reduced as far as was practicable. People were supported to take their medicines safely. Staff were provided with training and checked to ensure they were following correct procedures. The service managed incidents affecting people's safety well.

People's nutritional needs were met, and staff worked collaboratively with health and social care professionals to support people with their healthcare needs. There was a system in place to allow people to express any concerns or complaints they may have.

There were effective systems in place to monitor and improve the quality of the service provided. Care planning was focussed on people's individual needs and preferences and provided information about the tasks staff needed to perform at each visit and how the person liked these to be completed. This helped ensure people received personalised care in a way that met their individual needs.

People were treated with kindness and compassion and people felt staff went the extra mile. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times. Care plans had been reviewed with people to ensure they were delivering person centred care.

Most staff felt supported by the registered manager and felt staff morale was positive. Staff we spoke with were enthusiastic about their jobs and showed care and understanding for the people they supported.

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. Policies and systems in the service supported this practice.

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 08 February 2021 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?

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 (Eastleigh)

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 completed by 1 inspector and an Expert by Experience contacted people and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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.

What we did before the inspection

We reviewed information we had received about 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 2 people who used the service and 7 relatives about their experience of the care provided. We spoke with 3 members of staff including the registered manager, senior carer and 1 care staff.

We reviewed a range of records. This included 4 people's care and medicines records. We looked at 4 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. We looked at training data and quality assurance records.

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 and their families all told us they felt safe. One person told us, "I feel very safe with the carers." One family member said, "He feels safe with them all, I can tell."
- Staff received relevant training and knew how to protect people from harm and abuse. The systems within the service supported this.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care staff who supported them.
- Areas covered by these assessments included risks associated with the environment, medical conditions, mobility, infection control, mental health, medicines, eating and drinking, moving and handling, skin integrity and fire risks.
- Staff had a good understanding of people's risks. Risk assessments set out how risks were minimised or prevented. The provider was reviewing one person's risks in relation to their pacemaker to ensure staff had comprehensive guidance to keep people safe.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Staffing and recruitment

- People were happy with the staff and felt they were reliable. One person told us, "They are very good at coming on time and they always do all that is required. They always come when they say they will. I have regular carers." One relative told us, "They come 99% on time and once they were a little late due to having to wait for an ambulance at a previous client, but they let us know what was happening. She does know her carers and they always try to send the same ones but if there is a new 1 they always introduce them to her."
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. This included checks with the Disclosure and Barring Service (DBS). DBS 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

- Most people managed their own medicines independently.
- The level of assistance people needed with their medicines had been assessed and planned for. There

were protocols in place to ensure 'as required' or PRN medicines were administered safely. One relative told us, "They give her medicines and its put on the app when they are given and also recorded on a sheet and in the book."

- Staff were trained in the safe administration of medicines and underwent an assessment of their competency to administer medicines in line with best practice guidance.
- The electronic medicines administration records (eMARS) viewed, provided assurances medicines had been administered as prescribed.
- The eMAR system provided alerts should a person's planned medicines not be administered allowing the registered manager to take remedial action.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE) to safely manage and control the prevention of infections.
- Care plans advised staff to wash their hands on arrival and apply hand gel and wear appropriate PPE and follow infection control guidelines.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately.
- The registered manager had oversight of all incidents to ensure appropriate actions had been taken in response such as escalating concerns to the GP and making referrals to other healthcare professionals.
- There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk and to debrief the staff involved.

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

- The registered manager or senior carer completed an assessment of each person's needs prior to care starting. These were developed into holistic care plans which covered a range of areas. These identified key areas of needs, such as, personal care, daily living activities, meal preparation and health issues.
- Care plans had been co-produced with people and those important to them. This helped to ensure people got the support they needed and wanted.

Staff support: induction, training, skills and experience

- People and their relative's felt staff were well trained. One person told us, "They are well trained." One relative told us, "They all seem to be well trained and know what they are doing." Another relative said, "We do feel confident that the carers are well trained and know what they are doing. Although he has not been having them for long, they are very reassuring to him and to us." Training was in place for staff and records showed this was up to date.
- Staff were supported by supervisions. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop
- Arrangements were in place for staff who were new to care to complete the Care Certificate. 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.

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

- Where this was part of their assessed needs, people were supported to eat and drink in their preferred way. One relative told us, "They do her meals for her, and I do know that they will offer her choices, they do try to give her hot food, but I know that due to her dementia she can refuse so they will give her something else or a cold meal instead." Another relative said, "They make sandwiches for us and they always wash their hands first, then they cover the sandwiches with cellophane and we have them at lunchtime."
- Care plans gave guidance on people's dietary requirements and preferences. The registered manager was working with staff to ensure these were more personalised to people's likes and dislikes.

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and other health professionals. One family member told us, "They have

made appointments for him to see his GP, in fact they are taking him for one today and they always let me know and will discuss it with me first, they always accompany him."

- Staff monitored people's health and people told us staff recognised if they were unwell and took action to ensure their health and wellbeing.

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.

- People and their relatives told us staff asked for consent before providing care. One relative told us, "They do ask him for consent before they get on with doing things although they do know now mostly what is needed. He is happy with them." Another relative said, "They always ask her consent before they do anything although she probably is not aware of what they are asking but they really show respect to her."
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

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

- All the people we spoke with felt staff were caring. One person told us, "They all seem very caring." One family member told us, "They are all kind and caring towards her and they treat her respectfully." Another family member said, "They are all kind and caring to him and he loves them all!"
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One family member told us, "On my birthday they arranged for a carer to come with us so that we could go for a meal together. They are absolutely brilliant and go that extra mile." Another family member said, "They sent him an Easter egg and a card at Easter and he was really pleased about that. We have no complaints at all."

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

- People were involved in their care and given choices. One family member told us, "We were asked when he started if we wanted a male carer and Mum said yes although I was not too sure but Mum likes him so it has worked well."
- Feedback from people and their relatives indicated there was a strong focus on people being empowered to make decisions about how they wanted their care and support to be provided. This ensured they retained choice and control over their care.
- The provider continued to carry out reviews with people to ensure they were happy with the care provided.

Respecting and promoting people's privacy, dignity and independence

- All the people and family members told us all staff promoted privacy and dignity. One family member told us, "The carers are very kind and treat him really nicely." Another family member said, "I am just full of praise for them all. They always have time for us and seem to really like my wife. They are wonderful!"
- Staff understood the importance of encouraging people to stay as independent as possible and described how they assisted people to maintain this whilst also providing care safely.

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; End of life care and support

- People received individualised care which met their needs. The service worked in a person-centred way to meet the needs of people and care plans were person centred.
- The provider was passionate about meeting peoples needs. For one person they were looking forward to a night out and wanted their hair styled. A member of staff watched a video on how to apply rollers and style the persons hair ready for the evening, which the person was really happy about. Another person wanted a bit of a pamper and a staff member went and got them a face mask and cream for their face which they enjoyed.
- Care plans provided information about how people wished to receive care and support. One family member told us, "The carers know what he likes, and I know he enjoys their company and talking with them all. Nothing has ever happened that we were not happy about."
- Nobody was receiving end of life care at the time of inspection.
- Care plans included information about whether people had a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place and the location of this within the person's home.

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 plans that described how people communicated and included guidance for staff on the best approaches to use to support effective communication.
- Staff ensured people had access to information in formats they could understand.

Improving care quality in response to complaints or concerns

- A complaints policy was in place allowing people and those important to them to be informed about how to raise concerns or complaints easily. One person told us, "I can't complain about anything. They are all really helpful." One family member told us, "We have no complaints at all but I do have a number to call if I needed to but so far I have not needed to which is really good." Another family member said, "I am not often there but I know he feels happy with his carers. We have not had to complain about anything."

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

- The care and support being provided helped to promote people's quality of life and to achieve good outcomes for people. One family member told us, "The office is amazing! They are not a problem at all. I would recommend this agency to others. We are pleased and really like the way they have made us all welcome." Another family member said, "We have not got any complaints at all, and I cannot think of anything that needs improving." Another family member said, "I cannot think of anything that needs to be improved and I would recommend this agency to anyone."
- People received individualised care which met their needs. The service worked in a person-centred way to meet the needs of people and care plans were person centred.

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

- People and their families were happy with the registered manager. One family member told us, "I know who the manager is, and she is very approachable and easy to discuss things with. I cannot think of anything that needs improving." Another family member said, "The manager is very approachable, there is no problem at all with her or the carers, they are all really nice."
- The registered manager had a clear vision for the direction of the service and a desire for people to have good quality care and achieve the best possible outcomes. They were clearly committed to their role and had a clear understanding of people's needs and of the service they managed.
- The registered manager and senior staff used a series of audits to monitor the service. These included audits of medicines, accidents and incidents, safeguarding and care records.
- Governance meetings were held with senior staff to ensure the service was meeting the regulations and any improvements required were incorporated into a service improvement plan. The service had recently updated their care planning system which would ensure more robust auditing processes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out reviews with people using the service to ensure they were happy with the care provided. These were either completed by telephone or visiting people in their own homes. One person told us, "I was involved in my care plan when I started having them. I have a feedback form as well that I have filled in and it is where I say if I am happy, and I am! I have no complaints at all about any of them."
- The provider sought feedback from people or their families using a quality assurance survey. The most

recent feedback at the beginning of the year was all positive with most people thinking the service was outstanding.

- Staff were valued, and awards were given for staff who went above and beyond to show appreciation. One staff member felt morale was positive and told us, "Because they are a caring and supportive company, and they go above and beyond to make me feel welcomed."
- Staff were supported by team meetings. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice.
- The leadership team and staff worked effectively with health and social care professionals to meet people's needs.

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 registered manager encouraged an open and honest culture at the service and understood their responsibilities in line with the Duty of Candour.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.