

Match Senior Care Ltd

Home Instead

Inspection report

Charter House
43 St Leonards Road
Bexhill On Sea
East Sussex
TN40 1JA

Tel: 01424401402
Website: www.homeinstead.co.uk/bexhill

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02 February 2023
06 February 2023
07 February 2023
13 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Instead is a domiciliary care agency providing personal care to older people, people living with dementia and people with mental health issues. At the time of our inspection there were 29 people using the service who received support with personal care.

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 were kept safe from harm by staff who understood their responsibilities around safeguarding. Risks to people were assessed and safely managed by staff who knew them well. People and their relatives were positive about how well staff knew and supported them. There were enough staff to support people and staff deployment was managed well and based on people's needs and preferences. Medicines were managed safely.

Managers and staff were clear about their roles and worked to promote a culture that was person centred and empowering for people. People and their relatives told us staff supported them to remain independent. There were regular opportunities for people and relatives to give feedback on support they received, and this was welcomed by staff.

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.

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

Rating at last inspection

The last rating for this service was good (Published 15 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Instead on our website at www.cqc.org.uk

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Home Instead

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. 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.

Inspection activity started on 2 February 2023 and ended on 13 February 2023. We spoke with staff, people and their relatives on 6 February 2023 and 7 February 2023.

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

This performance review and assessment was carried out without a visit to the location's office. We used phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with 14 people and 14 relatives about the quality of care provided. We spoke to 8 staff including the registered manager, senior care staff and care staff. We reviewed 6 people's care plans.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had been appropriately raised with the Local Authority Safeguarding Team and had been investigated and documented by the registered manager.
- Staff understood their responsibilities around safeguarding and knew how to recognise and report concerns. One staff member told us, "You're with them for at least an hour and you see the same people each week, so you get to know if something is different and not quite right. I'd report any changes straight to the manager."
- People told us staff made them feel safe. One person told us, "I think all the staff are very good, in fact, I think they're superb. I feel very safe with the care I receive."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and managed by staff. People had risk assessments in place which detailed what the risk to the person was and how staff should support the person to manage that risk. For example, there was clear guidance for staff on how to support a person that was at risk of choking and staff we spoke with knew how to support this person safely.
- Risks associated with people's personal care were safely managed by staff. Some people required support with their catheter care. Instructions for staff on how to support people to manage this safely were clear and staff recorded the support provided. One person told us, "I have a catheter and all the carers attend to the changing of that very well. Occasionally the catheter does come apart and the carers contact the catheter people who come out and repair it very quickly which I'm grateful for."
- People were supported to manage risks associated with their health needs. Staff supported people in a way that promoted their independence. For example, for one person with diabetes, staff supported this person to be involved in the process of checking their own blood sugar levels.
- People's care plans and risk assessments were kept up to date and changes made when things went wrong. For example, for one person who had not taken their medicine on one visit, the registered manager had updated the person's risk assessment, care plan and prompts for staff supporting the person. This had led to improved outcomes for the person.

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 Mental Capacity Act (MCA).

- Staff worked within the principles of the mental capacity act. Staff supported people to make as many of

their own decisions as possible. Where people did not have the capacity to make their own decisions, staff had assessed people's mental capacity and made best interest decisions on their behalf. Best interest decisions were the least restrictive options and were made in partnership with the person and their family members where appropriate.

Staffing and recruitment

- There were enough staff to support people safely. Staff were on time to their visits. People had support from staff they knew. The registered manager matched staff to support specific people based on their personalities, hobbies and interests. One staff member told us, "I think it's brilliant that there's a minimum of one hour with the person and seeing the same people helps us to build relationships. Matching us up based on our interests really helps this process."
- Processes to introduce people to new staff were thoughtful and effective. New staff shadowed experienced staff before supporting people on their own. One person told us, "If there is a new carer coming in, then the other carers accompany them and introduce them to me and explain what I need and show them how to support me the way I want."
- Staff were recruited safely. The provider carried out checks on new staff such as references, right to work and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider worked hard to retain staff and support staff to feel valued in their role. This included initiatives such as meals out, celebrating birthdays, service awards and personal thank you notes for when staff went above and beyond.

Using medicines safely

- Medicines were managed and administered safely. People's medicine administration records (MARs) showed people received their medicines as prescribed. People's care plans detailed where people stored their medicines in their homes, whether staff were responsible for administering or prompting medicines and how the person chose to have their medicines. People told us, "My carers are all fantastic at making sure I take my medication when I should, in fact they won't go until they see me take my medication."
- Staff received training and competency checks before supporting people with their medicines. Competency checks involved all aspects of medicine administration such as topical creams, transdermal patches, tablets and liquid medicines. A second knowledge-based competency check was carried out with staff after the observation to ensure staff understood their responsibilities in different scenarios around medicines. For example, what staff should do if a person refused to take their medicine.

Preventing and controlling infection

- Staff received training in infection prevention and control and understood how to keep people safe. Staff wore appropriate personal protective equipment (PPE) when supporting people. The management team regularly assessed staff use of PPE during spot checks.
- People and their relatives confirmed staff wore PPE. One told us, "All the carers wear full PPE and always have done." The registered manager completed a COVID-19 Risk assessment which considered people's individual risks around preventing infection.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- All people and relatives we spoke with told us they would recommend the company to others. One relative told us, "I feel staff treat my relative really well, they go the extra mile for them. For example, last week my relative's fridge was not working, and staff did everything that was needed to get them a new fridge which I thought was marvellous." Another person told us, "I had some cupboards that I wanted to clear out, I asked my carer if they would help me and talk about over and above, they took things to the charity shop and the tip for me instead of just leaving it downstairs."
- People told us staff supported them with their independence and treated them well. One told us, "I am very happy with the care I'm receiving. I find all the carers are really very useful. I would not be as independent as I am if I didn't have them."
- Staff worked hard to ensure support was tailored to the individual and built supportive relationships with people who may be resistant to receiving support. For one person who struggled to accept staff in their home, meals for the person were prepared by staff in the office and brought to the person. The registered manager told us this allowed the person to feel special as they believed they were receiving a bespoke silver service whilst minimising the stress of the person having staff in their home.
- People and their relatives were involved in creating their own care plans. Where specific routines were important to meeting people's needs, this information was clear with step by step processes for staff to follow. Staff empowered people to take ownership of how they wanted to be supported. One person had been encouraged by staff to create a 'hints and tips' sheet for how staff should communicate with and support people with a particular sensory need.

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 registered manager understood their responsibilities around duty of candour, being open and honest and apologising when something went wrong.
- The registered manager appropriately submitted notifications about events that affect the service.
- Systems at the service encouraged openness and honesty. People and their relatives had access to the recording system that detailed the support people had received. This meant people's relatives had an up to date picture of how their loved one was and how they had been supported. One relative told us, "The company issues reports online via a portal which I have found really useful and they are very itemised reports to the extent of recording when my relative opens their door or when the carers have to use the key safe, which I find really reassuring."

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

- The registered manager had thorough audit and quality assurance systems to assess and monitor the quality of all aspects of the service on a monthly basis. This included staff performance, changes to people's support, accidents and incidents and events affecting the service. These were used to identify trends in the service and make improvements where needed.
- The registered manager ensured communication with staff was robust and effective. Staff had regular meetings to discuss policies and procedures. There were effective systems to alert staff to changes in people's needs and important information about people's support. All staff told us the provider and registered manager strongly encouraged them to contact the office for any query, question or comment. One told us, "They [management] are so lovely and helpful, they want you to contact them with any information that's important. It's really makes a difference and helps me to feel comfortable."
- Staff told us they were supported by the registered manager and provider. One told us, "The are really, really supportive, both [registered manager] and [provider] go above and beyond for clients and staff, they really want everyone to be happy."

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

- Staff had recently worked in partnership with a local school for children to provide people using the service with Christmas cards. Staff provided children with people's names and then collected and delivered the Christmas cards to people. This had received positive feedback and people fed back to the service how overwhelmed and happy this had made them over the Christmas period.
- The provider had set up a companionship café in partnership with a local group for people using the service and other members of the local community to attend. Staff provided free transport and refreshments and encouraged people to attend these events to support them to make friends and prevent isolation. The provider had also set up a 'singing down memory lane' event in which people living with dementia could make connections with others whilst enjoying singing.
- People and their relatives were confident they could contact the registered manager if they had any concerns. One person told us, "If I have any issues with any of the carers or any issues over anything then I would contact the manager, as I think they are understanding and would listen to me."
- People and their relatives were given regular opportunities to feedback on the support they received, and staff held reviews with people regularly. One relative told us, "I find the manager and staff very approachable and believe that they will listen to my concerns. All the carers are very nice, I believe there is a core group of them which is good, and they absolutely treat my relative with respect."

Working in partnership with others; Continuous learning and improving care

- Staff supported people and their families through people's changing care needs. This had recently included supporting a person and their family to find residential care for them. Staff supported the person with finding a home, moving into the home and continued to provide companionship visits for them. Staff had received a card which expressed how much the person's family appreciated this support.
- Staff worked in partnership with people's GPs when needed. One relative told us, "If my relative needs to go for a GP visit staff take them and wait with them while they're at the doctor's surgery. One time one of the carers noticed that there was a medical issue and they organised a GP appointment as soon as they could which I thought was really good and reassured me so much."
- The registered manager constantly looked for opportunities to make improvements to the support people received. People and their relatives confirmed that they worked in partnership with staff to make sure the support they received worked for them.
- People and their relatives regularly sent compliments to staff on the service provided. One described the

service as, "Absolutely priceless care and guidance for one of the most challenging tasks of my life, navigating my relative's decline from fierce and total independence to accepting care at home. The director and her team were as much support for me as they were for my relative as they patiently found the right team and support package."