In Home Care Limited

In Home Care Chichester

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

This comprehensive inspection took place on 13 and 16 November 2018 and was announced. This was the first inspection of In Home Care Chichester since it was registered by the Care Quality Commission (CQC) on 9 February 2017. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led when registering.

In Home Care Chichester is a domiciliary care agency (DCA) and it provides personal care to people living in their own homes. It provides a service to support people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early and advanced stages of a dementia type illness or other long-term health related condition. The DCA provides 'live-in' support for people who want care staff available throughout the day and night. Not everyone using the service received the regulated activity.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection the service provided personal care to 10 people.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm. Staff received training and understood how to recognise signs of abuse and who to report this to. Staffing levels were sufficient to provide safe care. The provider had an effective recruitment process to make sure the staff they employed were suitable to work in a care setting. When people were at risk, staff had access to assessments and understood the actions needed to minimise harm. The service was responsive when things went wrong, were open and reviewed practices and had a robust system in place to manage incidents. Medicines were administered and managed safely.

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected, including access to healthcare when required. The service worked well with professionals such as nurses, doctors and social workers. Care and support was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. Staff felt supported by the registered manager. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives described the staff as caring, kind, and compassionate. People could express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected and staff understood their responsibilities in relation to this.

People were involved in developing their care plans which were detailed and personalised to ensure their individual preferences were known. If a person's needs changed then their care plans were updated.

The service had an effective complaints process and people were aware of it and knew how to make a complaint. The service actively encouraged feedback from people. No one was receiving end of life care at the time of the inspection.

The service had an open and positive culture. Leadership was visible in the service and promoted inclusion. Staff spoke positively about the management team. There were quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and those responsible kept things up to date.

Further information is in the detailed findings below.

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.

People and their relatives told us that they felt safe with the staff that supported them.

Staff undertook training and procedures were in place to protect people from abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified.

There were enough staff working to meet the needs of people who used the service. Staff pre-employment checks had been completed.

Medicines were managed safely.

People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong.

Is the service effective?

Good

The service was effective.

Systems were in place to make sure people's care and support was provided in line with good practice guidance.

New staff completed an induction programme and staff undertook essential training to support them to meet people's needs.

People's nutritional needs were reviewed and they were supported to have enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional.

Is the service caring?

Good

The service was caring.

Staff treated people and their relatives with kindness and compassion.

People were treated with dignity and respect by staff who took the time to support their independence.

Staff understood the importance of confidentiality, so that people's privacy was protected.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and contained information on the activities in which they preferred to engage.

People knew how to make a complaint and raised any concerns with the managers if they needed to.

People and relatives were involved in their care plan reviews and all were happy with this involvement.

Is the service well-led?

Good

The service was well-led.

People were supported by a service that used quality assurance processes to effectively improve the service people received.

People's views were sought through regular reviews and annual questionnaires.

Staff told us the management and leadership of the service was supportive and approachable. They were readily available and responded to what staff told them.

There was a clear vision and values for the service, which staff promoted.

In Home Care Chichester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 and 16 November 2018. One inspector carried out the inspection with the assistance of an expert by experience, who spoke with people that used the service or their relatives on the 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. The first day was allocated to completing telephone interviews with people who use the service and relatives. The second day was based on site and consisted of looking at paperwork for the service.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent us. A notification is how providers tell us important information that affects the running of the service and the care people receive. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before our visit we approached the clinical commissioning group for West Sussex (CCG) and healthwatch to receive their feedback on the quality of care provided. Their feedback was used to inform the planning of our visit.

During the inspection we spoke with four people who are supported by the DCA and four relatives. During our site visit, we spoke with one carer, two senior carers', the administrator, deputy manager, the registered manager and the provider.

We reviewed four people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at four staff files, the recruitment process, complaints, training and supervision records.

After the inspection we approached the local authority to receive their feedback on the quality of care provided. We were not provided with any feedback.

Good

Is the service safe?

Our findings

The service had policies and procedures that supported staff to respect people's rights and keep them safe from harm. Staff had undertaken training on safeguarding people and could discuss different types of abuse. Staff could identify the risk of abuse and what to do if they had any concerns. The procedure was available for staff to see within the office and discussed within supervisions and team meetings.

People and their relatives told us they felt the service delivered and received was safe. One relative told us, "They [staff] are very kind to [person]. I know that they are always trying to help [person], nothing is too much trouble. They deal with [person] medication, making sure [person] has everything they need, I also believe they are trustworthy. [Person's] security is important to us."

The registered provider had a recruitment system to ensure suitable staff were selected to support vulnerable people. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS check help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We spoke with staff who confirmed that checks were completed when they began working for the agency. We looked at four staff recruitment files and found they contained all the relevant checks.

Risks to health and welfare were assessed for each person, reviewed and actions were taken to reduce those risks. Risk assessments sought to minimise the risk whilst allowing people to maintain independence within their own homes. These areas included moving and handling, showering or bathing, and for the risk of developing pressure ulcers. Information was available to guide staff if people had a health condition, such as epilepsy, which included details of what staff should do in certain situations, what to look for and where to get further advice.

Environmental checks of people's homes had been completed. This provided staff with an overview of where there may be risks, such as for manoeuvring moving and handling equipment on carpeted floors. Actions were available to show staff how to reduce these risks, servicing and maintenance check dates were also recorded that confirmed equipment were safe to use.

There were suitable numbers of staff to meet people's needs. People and their relatives told us staff were reliable and visits were always covered with staff attending at the expected time. One relative told us, "They [staff] are reliable and always turn up on time, [person] is a very independent minded lady. They [staff] go out of their way to give a truly great service, we could not be more pleased."

People knew what staff member was coming and the time of the visit. This was recorded within schedules sent to people a week in advance. People and their relatives told us they always knew the staff member attending, as they were regular staff. Any new staff member was always introduced during a shadowing visit before they came alone. This ensured staff knew people well along with their individual needs and promoted continuity of care. People told us, they felt safe with staff as they had met them and knew they

understood their care needs.

The managers had an oversight and could co-ordinate a response in an emergency. This included being able to keep people updated if there were any changes to the time of their visits. The scheduling of calls by the provider meant that staff had sufficient travelling time and this helped to minimise late calls.

There were safe systems for the management of medicines. People received support with their medicines from well trained and assessed staff. Medicine support was evidenced and signed off on an electronic MAR (medication administration record) sheet. Observations of staff administering medicines were completed annually to ensure staff remained competent to complete this task. Where people did not require support with their medicines, staff did not assist. However, if concerns were identified about people's ability to safely self-administer, this was then raised with the registered manager, and the relevant discussions were had to ensure people remained safe. The registered manager completed monthly audits on all medicines staff were involved in administering to ensure errors had occurred.

There were good procedures to monitor infection control. Staff had access to and wore personal protective equipment (PPE) including gloves and aprons during their visits. Staff were up to date with infection control training and demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before giving any medicines. Staff had also received training on basic food hygiene.

Incidents, accidents and other monitoring systems were responded to appropriately at an individual level and information about these fed into broader analysis to support lessons learned. For example, analysis of a concern for one person's health after they experienced carbon monoxide poisoning had identified a safety issue regarding staff entering people's own homes. The registered manager identified a risk of people not safeguarding themselves or others against this type of poisoning. Following this the registered manager provided the staff with the symptoms of this illness. Details were shared with staff on what to do if they suspected carbon monoxide was happening in any person's own home. Instructions were given to contact the office or on call immediately and numbers were given to call if they suspected this in their own homes with safety tips on how to prevent this in their own homes. This support and guidance helped to reduce the likelihood of similar incidents.

Good

Is the service effective?

Our findings

People and their relatives complemented the skills staff demonstrated. One relative told us, "The staff are simply brilliant. I work full time and I could not manage without them, both [two family members who are supported] have complex social and medical needs, particularly related to epilepsy and seizures. They have the training and patience to manage their condition with confidence."

Staff received the training and support they required to meet the needs of people who used the service. All staff went through an induction programme. This was comprehensive and included classroom and computer based e-learning along with shadowing training to develop competency in practice. A comprehensive training handbook was used and all staff completed the Care Certificate. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. It was important to the providers that all staff were inducted on the values and ethos of the service.

Training was ongoing and a system to ensure all staff completed essential training each year was in place. This included basic life support, dementia, epilepsy awareness, catheter and stoma care, fire safety, moving and handling. Staff told us the training provided gave them the skills and knowledge to undertake their roles. Staff skills and competencies were checked by the management team. A supervision programme was in place which included one to one supervision.

When needed, staff supported people to maintain a healthy diet including adequate drinks. People and their relatives told us staff responded to their individual dietary needs and choices.

The agency worked with health and social care professionals for those occasions when people used other services, such as hospital admissions. The registered manager told us how they worked with social workers when people were in hospital. This ensured that hospital staff were aware of the care needs and equipment the person already had in place before their admission and upon discharge to and from hospital. Records demonstrated health and social care professionals were involved in the support of people. The registered manager contacted professionals involved to ensure they worked together to enable people to live at home safely. For example, specialist nurses including district nurses were contacted when people were found to have any skin injury. Records provided enough information needed for staff to contact health professionals and to support people with their health needs, if needed.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the

principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

Staff understood the MCA and worked within its principles when providing care to people. One person told us, "I am really pleased with the service, I actually feel in control of the service that I receive. The staff go the extra mile every time. I do not feel I have to ask twice they just get on with the task in hand." All staff we spoke with explained that they had received training and always presumed people were able to make their own decisions. Staff could access guidance to help people continue to make their own decisions. There were clear explanations of how to do this for people who did not have capacity, which advised staff to continue involving people in these decisions. Copies of legal documents giving other people the authority to make decisions on behalf of someone were available and ensured staff were able to contact the appropriate person if needed.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff providing the service and the way they delivered care and support. Feedback indicated that staff were very friendly but maintained a professional approach. Staff addressed people and their relatives by their preferred names. One relative told us, "Staff have literally, and without invading our family relationship become part of the family. They take [person] out, deal with personal care and medication, they are invaluable to me. I have complete trust in them, they are marvellous."

People were involved with the development of their care plans. One person told us, "We were involved in the care plan at the outset, and we have had communication about it since, the office is very pro-active, communication is exemplary." Where this was not possible the person would choose an appropriate person to support them, for example a family member. One relative told us, "I was involved in the care plan framework, the staff just get on with the things [person] needs done, like walking to the shops with them, or dealing with laundry." Information on how people wished to be supported, their likes, dislikes and information that could enable general communication was sought. One relative told us, "The ladies [staff] have, so far been successful in getting [person] to respond positively to their advice and help, by simple encouragement. They have treated her with kindness and respect, and it seems to have worked miracles – long may it continue".

People we spoke with reported that the staff were, "Polite and respectful." The service ensured that people were visited by a consistent staff team, who had been selected based on their knowledge of the person's needs. In addition, as far as possible, staff were paired based on their general likes and dislikes. This would allow them to develop a relationship with people, and talk to them rather than being task focused. One person told us, "Staff will attend to anything I ask of them, they are very kind and cheerful, as well as capable. I have absolutely no complaints".

People told us that staff respected their privacy and dignity when they attended to them. Staff could clearly describe how they maintained this. They told us they addressed people how they wished and always took note of what people wanted. People told us that staff respected their privacy when they attended their homes. When we asked one person if staff respected their privacy and dignity, they told us, "Yes to all those things, all the girls [staff] that visit me are excellent. I have never had to complain about anything. They perform their duties every day without fuss or intrusion into my life, they never make me feel patronised. They are cheerful and good company. I look forward to their visits and I think I get good service."

People were encouraged to be independent and individuality respected. A staff member told us it was important to help keep people in their own homes and to work with people rather than do everything for them. An example of this was supporting a person to get to work. The person told us, without such support they would be unable to do this.

Staff had a good understanding of equality and diversity. They discussed how they ensured people were not discriminated against and were treated equally. The service made certain people were cared for in line with

the Equality Diversity and Human Rights Act (EDHR). People were provided care and support that ensured they were not discriminated against. For example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant that equipment to maintain their safety was in place and used according to need.

Confidential information was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records were held in the office and locked in cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality.

Good

Is the service responsive?

Our findings

People told us that they received the care they needed, in the way they wanted. One person told us, "I feel very safe with them [staff], they will take me shopping, help in cleaning the house, and anything I ask them to do. If I don't ask them they just find things to do and I enjoy their company. I now have difficulty in getting around. They help me to enjoy my independence, I would not be without them."

An assessment of people's needs was completed before a service was offered or agreed upon. These assessments were completed with information from the person and or their families and health or social care professionals, where available. The registered manager told us that staff worked with health care professionals, such as GPs and district nurses, to ensure they had advice about working with current guidance. They told us how they had incorporated information about one person's health condition into the person's care plan. This gave them information about how the condition affected the person and current good practice guidance about how to care for them.

Care plans were developed from the full assessment process. Care plans were recorded on a computer system which could be accessed by care staff with the most up to date information via a handheld device. The registered manager told us people were given a hard copy of their care records. Relatives were also able to access these records with the permission of the person.

People told us that they received the care they wanted and needed, in the way they wanted. One person told us, "I feel very safe with them [staff], they will take me shopping, help in cleaning the house, and anything I ask them to do. If I don't ask them they just find things to do and I enjoy their company. I now have difficulty in getting around. They help me to enjoy my independence, I would not be without them."

Care plans provided clear written guidance for staff members. Information included why people needed the care and support they received, the difficulties the person experienced, what they needed help with and how staff should do this. Information was set out for different types of care needs, such as washing and dressing, continence and medicines management. Plans were written in a person-centred way, meaning that people's wishes were put at the forefront of the care process. Care plans contained information such as the person's history, how they liked things done and how they communicated their everyday care needs.

Care plans for those who had additional health conditions were also available. These provided guidance regarding what staff should do if the person became unwell and described the effect this would have on the person. Staff we spoke with had a very good understanding of people's needs in this area. They told us that there was enough information in care plans to guide them in supporting each person. We saw the care plans had all recently been reviewed and if new areas of support were identified, changes had been made. Daily records provided evidence to show people had received care and support in line with their care plan.

Creating and maintaining links with the community was important for the service. They had connected with local charities to raise awareness and fundraise money for others.

People and their relatives told us that they knew how to make a complaint and who to contact for this. One person told us, "I have never needed to (make a complaint), although I know how to if the need arises. I have the impression that they would far rather know if something was wrong and concentrate on putting it right. I am very satisfied with the service that I get." There were copies of the complaints procedures in each person's care records. Records showed one complaint had been made in the past 12 months which had been investigated and detailed the action that was taken to resolve these. These also showed that people were happy with the outcome of their complaints.

The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted to meet people's needs for example a person who was registered blind was supported by staff who would read documents or correspondence to the person. A person's care plan showed that staff were encouraged to check a person's hearing aids, support them to change their batteries and to keep their glasses clean.

There was no one at the time of this visit who was receiving end of life care. The organisation had a policy and procedure for end of life care in place to support staff in meeting people's needs. Some staff had received training in caring for people at the end of their life, if this should occur.

Good

Is the service well-led?

Our findings

There was a regular programme of audits and quality monitoring systems. Audits included daily records and MAR charts. The information gathered from these audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Records viewed demonstrated spot checks were undertaken by a senior care staff member or one of the managers who observed staff when visiting people. This was to assess the quality of care provided. These checks were unannounced and included a check on when the staff member attended, how they conducted themselves and an observation of their competencies in relation to the care and support provided. This included how staff moved people, medicine management and the correct use of infection control procedures such as using gloves and aprons appropriately. The checks also included looking at the persons care records to ensure they were fully completed and meeting people's current needs. The manager carrying out the visit also spoke with the person who used the service and their relatives to ensure staff were delivering care as they expected.

There was a clear management structure with identified roles and responsibilities within the DCA. The registered manager had experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures. A deputy manager and administrator worked alongside the registered manager and co-ordinated and monitored the work schedules. The management team and three senior staff were allocated responsibility for staff support, staff training and review of their practice.

The registered manager understood their requirements under duty of candour, to be honest, open and transparent. The management team were available outside office hours via contact on mobile telephones. People we spoke with and their relatives told us the management team were supportive. There was a whistle blowing policy and staff told us they would use it to raise any concern to the appropriate person as required. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

The service had a clear set of values and a vision that staff understood and followed in practice. The provider recognised the importance of valuing staff and investing in their training and daily support. The service's values were explained during induction training and revisited at staff meetings, supervision and general contact with staff.

The culture of the service was open, transparent and supportive with an honest and enabling leadership in place. Staff told us they worked within a caring and supportive team where they were valued and trusted. Staff morale and a team spirit throughout the work force was good and staff were committed to their work with their colleagues.

Staff told us, that they were kept up to date with any changes that were occurring within the service. Emails and quarterly team meetings were arranged for staff to provide information and to advise and celebrate good practice.

The provider had invested in technology to help improve quality standards. These systems and software allowed the quality of the care to be monitored and audited quickly and effectively. For example, daily care records and medicine records were audited monthly to ensure they were appropriate and reflective of the care provided. Staff told us they could access guidance for delivering care and how to deal with emergency situations on their handheld device. For example, safeguarding information was available to staff for support and information.

The provider sought feedback from stakeholders, people, and staff. This information was then used to create an action plan. The action plan was completed with evidence of how the feedback had helped to effectively change the service.

The service had received a number of compliments from people and families. One relative had written, ''We are pleased with [persons] visits from your team. Things can change rapidly as we know, so we shall not hesitate to contact you with any concerns or if the pattern of visits/and or care seem to require change.' Another comment stated, 'Carers are very good. They are usually very punctual and reliable. They are friendly and pleasant.' Another relative had written, 'I am extremely happy with the service provided to [person]. [Person] has built up a good relationship with her carers and is always happy to see them when they arrive.' One person had written, 'Carers are always on time. They are friendly and helpful. The main carer has a good understanding of my needs and goes the extra mile.'