

Phil & Linda Senior Care Ltd

Home Instead Senior Care - Bourne

Inspection report

The Manor Crown Business Centre
Meadow Drove
Bourne
Lincolnshire
PE10 0BP

Tel: 01778243100

Date of inspection visit:

06 June 2019

10 June 2019

18 June 2019

Date of publication:

23 July 2019

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 Senior Care provides personal care and support for adults in their own homes. The service can provide care for adults of all ages. At the time of our inspection the service was providing support for 49 people. The service covered Lincoln and surrounding areas.

People's experience of using this service:

People were very satisfied with all aspects of the service provided and spoke highly of staff and the registered managers. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

People who used the service and relatives we spoke with told us they felt staff provided safe and effective care. Staff turnover was low which people and relatives valued. People were supported by a small team of staff that understood their needs.

We found that there were systems, processes and practices were followed to safeguard people from situations in which they may experience abuse including physical harm. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.

People received their medicines as prescribed. Medicines Administration Records (MARs) reviewed had been completed by staff and were regularly audited by management.

Background checks had been completed before new care staff had been appointed. People were protected by there being arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

Staff had received all the training required to support people safely. Staff received regular supervision and annual appraisals and were able to reflect on the care and support they delivered. Staff were able to identify further training in addition to their mandatory training.

People 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.

People were supported to eat and drink sufficient amounts to meet their nutritional needs when required. People had been supported to live healthier lives by being supported to have suitable access to healthcare services so that they received on-going healthcare support. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

People received personalised care that was responsive to their needs. Care staff recognised the importance

of promoting equality and diversity by supporting people to make choices about their lives. Confidential information was kept private.

There was strong sense of leadership in the service that was open and inclusive. The registered persons focused on achieving positive outcomes for people and their staff.

People benefited from there being a robust professional management framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met.

The service encouraged feedback from people who used the service, relatives and care staff. Views were gathered through questionnaires, telephone conversations, regular face to face meetings at their home or in the office.

One complaint had been received in the last 12 months and this had been responded to appropriately. People were introduced to lay advocates if necessary.

Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and so that people could consistently receive safe care.

Good team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. Staff were clear about the vision and values of the service. In addition, the registered persons worked in partnership with other agencies and stakeholders to support the development of joined-up care.

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

More information is available in the full report.

Rating at last inspection:
Good (report published 17 May 2016)

Why we inspected:
This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 ●

Home Instead Senior Care - Bourne

Detailed findings

Background to this inspection

The 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.'

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Home Instead Senior Care is a domiciliary care agency and provides personal care and support for people in their own homes. The service can provide care for adults of all ages. At the time of our inspection the service was providing support for 33 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The office inspection took place on 06 June 2019 and was announced. We gave the registered persons 48hours' notice because they are sometimes out of the office supporting staff or visiting people who use the service.

Inspection activity started on 06 June 2019 and ended on 18 June 2019. We visited the office location on 06 June 2019.

What we did:

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We contacted Healthwatch who are an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with three people who used the service and eight relatives of people using the service. At the registered office we spoke with two care staff, the administrative officer, the training officer, two service coordinators and the registered manager. In addition, we looked at the care plans of four people who used the service and any associated daily records such as the daily log and medicine administration records (MARs). We looked at three staff files as well as a range of records relating to the running of the service such as duration of care calls, staffing, quality audits and training records.

Our overall observations included how people and staff interacted and how people were being supported using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff supported them. One person told us, "The staff keep me safe at home so I don't need to go into a care home."
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered managers. Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team.
- The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risk assessments had been completed and regularly reviewed for each person's level of risk, including risk of falls, support with medicines and maintaining people's independence. A relative told us, "The carers monitor [relative's] skin and alert the family and nurses if there is a problem"
- Records and people's care files contained signed consent that confirmed people or their representative had been involved in creating them.
- One person told us about moving around their home and said, "When using my wheelie [walking frame] the staff always walk behind me to keep me safe from any falls."

Staffing and recruitment

- We checked the recruitment files of four staff members. Safe recruitment and selection processes were followed.
- Everyone we spoke with very were happy with the staff supporting them. One person said, "They never miss calls." A relative told us, "We know my [relative] is safe with the carers as they have the same people that visit and they know their routine."
- People and relatives were always given rotas in advance. A relative confirmed this and said, "We always get a rota and know who's coming."

Using medicines safely

- We reviewed three medicines administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had

been signed appropriately.

- People confirmed they were happy with the support they received to take their medicines. A relative said, "Medicines are always given at the correct time and recorded."
- Staff had medication training as part of their induction and their competency had been assessed before they were able to support people with their medication.
- The service had guidelines for staff to follow when administering medicines and other guidelines for as and when required medicine should be administered. We reviewed monthly medicine audits and these had been completed regularly.

Preventing and controlling infection

- Policies and practices in the service ensured people were protected by the prevention and control of infection. For example, staff had received training on infection control and prevention. One person told us, "Gloves and aprons were always worn during personal care."
- Staff who supported people with food preparation had received food and hygiene training.

Learning lessons when things go wrong

- Positive steps were taken if mistakes were made. Handovers took place when staff came on shift so any incidents or concerns were shared and where necessary the registered manager informed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- We visited people in their homes and observed people being supported effectively by care staff. A relative said, "I know my [relative] is safe as the carers not only have a care plan but also a checklist of main things that [relative] needs left at the side so they can reach."
- A relative talked about the care their relative received and said, "I am very involved with the care planning for my [family member]."
- People had a comprehensive assessment to ensure the service could meet their needs prior to using the service. Care and support plans were then created which were bespoke and person centred.
- Care plans were reviewed regularly. A relative said, "I am delighted and very pleased with all my [relative's] care" A staff member said, Care plans are reviewed at (three monthly) quality audits or sooner if required."
- Assessments included personalised information about the person, for example their life histories, and how they wanted their needs met. if a person wanted only male or female carers this was documented.

Staff skills, knowledge and experience

- Care staff had received regular supervisions but not all office staff had had regular supervisions. The registered manager agreed to schedule these in immediately.
- Staff had the right knowledge, qualifications, skills and experience. We reviewed records that showed staff had a thorough induction with a mix of face-to-face training and shadowing colleagues during care calls.
- Training records were up to date and showed that staff attended a wide range of training. This included administration of medicines, fire safety, first aid, food hygiene and nutrition, health and safety, infection control, mental capacity, moving people safely and safeguarding adults. Where specialise training was required this was available.
- People told us staff were well trained and one person said, "They have very good manual handling and know how to use the equipment." One staff member rated the quality of training as, "Nine out of ten for training compared to the other care company I worked for."
- A staff member told us, "We have spot checks (whilst supporting people in their home) two to three times a year where management check our hair is tied back, uniform is worn, we are following care plans and have completed our visit notes."

Supporting people to eat and drink enough with choice in a balanced diet

- Where people needed support with meal preparation this information was available in people's support plans. One person said, "The staff chat away and are very sociable and always ask my [relative] what they

would like to eat and drink and if [relative] is comfortable."

- Details of people's food and fluid intake were recorded. Another relative told us, "There are plenty of drinks provided and they will make food of [relative's] choice."

Staff providing consistent, effective, timely care

- People and their relatives consistently told us the service supported them to maintain good health and were referred to health professionals when required. A relative said, "The staff have worked with the district nurses and have improved [relative's] skin integrity since discharge from hospital."
- People and relatives told us staff completed care notes effectively and one relative told us, "Comprehensive care notes are written to enable the family to see how things are going."
- The service had systems and processes for referring people to external services. Records checked confirmed documentation from health and social care professionals were available in people's care files.

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 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.
- A relative told us about the care their relative received and said, "The staff look after [relative's] best interests and I am involved with their care planning."
- 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. The requirements and principles of the MCA were being followed.
- All staff had had training on the MCA and staff were able to explain the principles of the MCA and how this impacted on people's daily lives.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff supporting them in their home were very caring. One person said, "Everything about the carers is wonderful! It is a very good company." A relative told us, "I am delighted and very pleased with all my [relative's] care."
- People and relatives told us staff went above and beyond their duty. One relative said, "The staff treat my [relative] with kindness and make sure [relative's] skin is intact and will put in extra hours with them if [relative] is unwell....they really care."
- Everyone was supported by a small team of staff who worked on a rota. Talking about the staff one person said, "The staff treat me like a member of their family. They are so kind and go above and beyond what I would expect and give 110%."
- Staff were extremely knowledgeable about the support needs of people they cared for and were easily able describe the person's care needs and things that were of interest to them. A relative said, "The staff are very friendly and I know them all, they are not strangers more like friends."

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

- Care plans were up to date and showed people and their representatives had been fully involved in discussions about how they wished to receive their care and support. One person told us, "They [staff] are very sociable people and will take the time of day to chat away I am delighted to have them."
- At the front of care plans staff completed communication sheets. One member of staff said, "I really value the communication sheet at the start of each care plan. It gives us an idea of what has been done or needs doing from the previous shift."
- People, relatives and staff told us they were happy and comfortable in one another's company. A relative said, "My [relative] is always happy to see their carers as they interact very well with [relative] and have a laugh and a joke."
- One person really valued having their staff and told us, "I had a lot of opposition about living on my own. My family wanted me to go into residential care. I proved everyone wrong and my family are very impressed with the carers. I can wake up in the morning and know this is my home, kitchen and everything else. I don't have to share anything!"

Respecting and promoting people's privacy, dignity and independence

- The staff were aware of advocacy and correspondence was seen in people's care files for people to access

local independent advocacy services. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

- People's care plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. People we spoke with confirmed staff respected their wishes and maintained their dignity when receiving support with personal care. A relative said, "The staff really care for [relative], I know as they treat [relative] with dignity and respect making sure they have privacy in the bathroom and use towels to cover [relative] when washing [relative]."
- Staff told us they respected people's privacy and dignity. One member of staff said, "I will knock on the door and wait before I go in."
- Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain friendships and relationships with family.
- Staff assisted people to keep in touch with their relatives and friends by telephone, video calls and planned visits to their family homes. This supported people to maintain friendships and relationships with family and friends which promote happiness and wellbeing.
- Information about how the service was run was stored in the registered office. Care record information was stored on the computer system which was password protected so that only authorised persons could access this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

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

- People and relatives told us staff consistently met their needs. One person told us, "I always know which carer is coming and the office will let me know if there is a change of carer." A relative felt reassured and said, "We know my [relative] is safe with the carers as she has the same people that visit, and they know their routine."
- Support plans were person centred, well written and included personal histories and people's preferences in how they would like to be supported. A relative said, "With comprehensive care planning and my involvement the service allows [relative] to stay at home."
- People and relatives were always made aware if there was a change in carers. One person told us, "I always know which carer is coming and the office will let me know if there is a change of carer."
- Care records were up to date and a relative said, "My [relative's] care plan is very detailed to allow the carers to know what has to be done and [relative's] likes and dislikes." A person said "Care notes are written and are very comprehensive after every visit." Another person said, "When I have any changes in my health and ability we meet to amend my care plan to meet my needs."
- Many people told us the staff enabled them to stay at home and avoid going into a care home. A person said, "Having the carers keeps me independent so I don't need to go into a care home."
- The service was responsive and a relative said, "We requested an evening call to be reassured [relative] was safely in bed they organised this very quickly"
- The service was innovative and bespoke to people's needs. One person was unable to access their bathroom to have their hair washed. The service purchased an inflatable hairdressers sink which enabled the person to have their hair washed in the comfort of their room.
- People who used the service told us they or their relatives were in regular contact with the office and could not recall a need to complain about the service. A person said, "We have no issues about the care provided." People also told us that if staff were running late the office would call and let them or their relative know.
- Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain friendships and relationships with family. Staff assisted people to keep in touch with their relatives and friends by telephone and video calls.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- If people required information in alternative formats this was provided by the service. At the time of

inspection no one required information in alternative formats.

Improving care quality in response to complaints or concerns

- People and relatives regularly received surveys to complete about the care and quality of the service. One person said, "We receive surveys to complete asking us if we are happy with the service."
- People had access to a service user guide which contained guidance on how people can raise a concern or a complaint. One person told us, "If they had any concern they would ring the office and it would be sorted."
- People and relatives were in regular contact with the office and could not recall a need to complain about the service. One relative did tell us, "I am aware that the company has a complaints procedure and I had to contact them as they were not making sure [relative] was shaved every day but they soon rectified the problem and there has been no issue since." No other complaints had been received in the last 12 months.
- Staff were clear about how they would manage concerns or complaints. Staff were aware of the complaints procedure and felt confident in reporting concerns to management.

End of life care and support

- One person was receiving end of life care. Staff made every effort to make sure this person, people, their families, friends and other carers, were empowered and actively involved in developing their care, support and treatment plans, and appropriate professionals were involved if required.
- Staff were aware of national good practice guidance and professional guidelines for end of life care and provided care in line with this consistently.

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 the last inspection this key question was rated as Good. At this inspection this key question 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

- People and relatives told us the service was consistently well-led. Leaders and managers shaped its culture by engaging with staff, people who use services, carers and other stakeholders. One relative said, "We have every confidence in the company and care staff." A staff member said, "The management do really care about their clients and about us too."

- Management audits provided an effective system to regularly assess and monitor the quality of service that people received. The service used this information to drive improvement within the service.

- Care staff were clear about their responsibilities and when needed were able to contact management for advice. A member of staff said, "I can approach any of the managers at anytime, if needed."

- Systems were in place that ensured compliance with the registered provider's responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

- People and relatives confirmed they were easily able to contact the office when needed. One person said, "There is always someone in the office to speak to, who are very nice if we need to discuss anything."

- There was on call service which people, relatives and staff could call when the office was closed. One staff member talking about the on-call service said, "Very easy, they listen and give advice as necessary."

- Staff were aware of the registered provider's whistle-blowing processes. They also knew how to raise concerns with the local authority and the Care Quality Commission if they felt they were not being listened to or their concerns acted upon.

- Over the last year no calls had been missed and people and relatives we spoke with also confirmed this.

- People knew in advance the names and times of staff coming to support them. One person said, "We always get the rotas in advance."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- All conditions of registration were being met.

- Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents. There were systems in place to ensure policies were in place and up to date and available to staff.

- Staff told us they felt well supported by management. One staff member said of their line manager, "Absolutely fine, I've had things to be sorted and she's sorted them."
- People and relatives agreed the registered manager and her team were passionate about making sure care was person centred and caring. One person said, "The [registered manager] has done a great job and has got an extremely good team of staff." A relative said, "When my [relative] was ill the manager came out to her, it's a great company...first class!"
- Over the last 12 months the registered manager explained the office had been short staffed. No one receiving a service raised this as an issue. The registered manager confirmed that additional office staff had now been recruited allowing her to offer more one to one support to her team.
- People regularly told us they were more than happy with the service and a person said, "I would highly recommend the company!"
- The service is required to display their latest CQC inspection report so that people, visitors and those seeking information about the service can be informed of our judgments. We found the service had displayed their rating as required in the office and on their website.

Engaging and involving people using the service, the public and staff

- The service involved people, their family, friends and other supporters in a meaningful way. One person said, "The staff is highly committed to the care provided." Regular reviews of care and feedback were used to make improvements to the service.
- Regular staff meetings gave management and staff the opportunity to discuss and share progress about the service. A staff member said, "Everything is discussed that needs to be discussed in a group. The manager includes everyone and says if you have any issues come and see me."

Continuous learning and improving care

- We saw that the registered manager and her team carried out regular quality audits of the service to make sure people received an effective and well led service. The audits covered care records, medication and staff training.
- All care calls were logged. One person said, "They have a log in system when they arrive and leave so it is all monitored."
- The service had a business continuity plan. This sets out the arrangements that would take place if events that disrupt the running of the service occurred. The plan covered traffic delays, severe weather, staff sickness, loss of IT and telephone, office damage and any other disaster.

Working in partnership with others

- Records showed staff worked closely with health and social care professionals to ensure the people using the service had the joined up care and support they needed.