

Habitat Care Limited

Home Instead Senior Care

Inspection report

The Sion
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13 March 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Home Instead Senior Care is a domiciliary care agency. It provides personal care for people living in their own homes in and around the Bristol area. At the time of our inspection 60 older people were receiving a personal care service.

What life is like for people using this service:

On the day of inspection, we identified that staff were not always safely recruited. Sufficient checks were not always completed before staff started in post. However, actions were taken to address the shortfalls, before the end of the inspection process.

People received personal care from staff who were trained and sufficiently supported in their roles.

People told us they were cared for by 'lovely' staff who were punctual and spent sufficient time with them to make sure personal care needs were met. Improvements had been made and when people required support to take medicines, records were accurately maintained.

Quality assurance systems were in place, and improvements had been made to the auditing and monitoring of medicines.

The service met the characteristics of Good in the safe key question and remained Requires Improvement in the well-led key question. Therefore, our overall rating for the service after this inspection has improved to Good.

More information is in detailed findings below.

Rating at last inspection:

Requires Improvement (report published in October 2018).

Why we inspected:

The focused inspection was undertaken because we had received concerns that staff were not safely recruited, insufficient checks were carried out before staff started in post and staff were not being sufficiently trained when they were new in post.

Follow up:

We will continue to monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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 well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Home Instead Senior Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was brought forward because we had received concerns that staff were not being safely recruited and were not being sufficiently trained when they were new in post.

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Home Instead Senior Care is a domiciliary care agency. The registered manager had left the service approximately two weeks before our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. A new manager had been appointed. They had not yet commenced the registration process to become the registered manager with the CQC.

Notice of inspection:

The inspection was unannounced, so the provider, manager and staff team did not know we would be visiting. Inspection site visit activity started on 13 March 2019 and ended on 15 March 2019. We visited the office location on 13 March 2019.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the visit to the office location we met with the managing director, the manager, the office manager, a rota scheduler and care coordinator.

We reviewed records that included three care plans, daily activity records and medicines records. We checked five staff recruitment files, staff induction, supervision and training records. We also looked at records relating to the management and monitoring of the service. These included audits and quality assurance surveys.

We spoke on the telephone with three people who used the service, five relatives and eight caregivers, to help form our judgements.

After the inspection we received further information we had requested relating to staff recruitment and the monitoring and management of the service.

Is the service safe?

Our findings

We inspected this key question because we had received concerns that staff were not safely recruited and had not completed sufficient training before they provided personal care to people.

We also followed up the actions taken in response to our last comprehensive inspection, undertaken on 1,2 and 8 August 2018. At that inspection, we found a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities Regulations) 2014. This was because accurate records were not always maintained relating to the administration of medicines.

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

Overall, the service was safe. Significant improvements had been made and accurate records were being maintained for the administration of medicines. We found some shortfalls in recruitment files. However, before the end of the inspection process, the provider sent us details of the audits and checks they had implemented to make sure staff were consistently, safely recruited.

Staffing and recruitment

- Staff files did not contain all the information required. Two files had fully completed application forms, others had information missing. A full employment history had not always been obtained. The provider had not always confirmed in the records that they had explored reasons for gaps in employment, or where dates of employment were not clear. As noted above, we received details of prompt actions taken in response to our findings.
- The records showed that staff received an induction when they started in post. Staff told us they were supported with training, supervision and support visits that were unannounced visits and their work was assessed. Senior staff told us they did unannounced checks, to make sure staff were working safely and providing the care people needed.
- Refresher and update training was provided for medicines management and moving and handling. The managing director told us that refresher and update training was not routinely provided for topics such as first aid and infection control. They told us these areas were covered in supervision and when support visits were undertaken by senior staff.
- Staff told us they had received role specific training that included looking after people with catheters or understanding conditions such as Parkinson's disease.
- People and their relatives told us they were very happy with the care they received. People said, "I'm very lucky, I can't fault my carer in any way, she's excellent, she's wonderful" and, "I'm very happy, they try very hard." One relative told us, "Some staff go above and beyond, they do more than they have to, we're very happy with the service."
- People also told us they would be contacted if staff were running late. They told us staff did not miss any visits. They were provided with details of their scheduled visits, two weeks in advance and staff received their rota schedules one week in advance.
- Robust and systematic monitoring was undertaken to make sure staff completed their visits as planned. Reasons for lateness were explored, recorded and monitored for compliance, on a daily basis. The records

showed that there had been no missed calls during the three month period we checked.

- People who used the service and staff were supported by an 'out of hours' on-call arrangement, provided by senior staff. This meant people and staff could be confident they would receive help, support and guidance when it was needed.

Assessing risk, safety monitoring and management

- Risk assessments were completed that included risks associated with physical health, the environment and moving and handling. Management plans were in place that included details of how equipment such as hoists and slings, were to be safely used. A client coordinator completed quarterly visits with each person who used the service. During these visits, the care and risk management plans were routinely reviewed and updated. Reviews were also completed when people's needs changed.
- At our last inspection, medicines records were not fully completed. At this inspection, we checked the medicine administration records that had been returned to the office for auditing. The records we checked were fully completed and where people had not taken their medicines, the reasons for this were recorded on the back of the administration record. Body charts were completed to show, for people who had creams provided, where the creams were to be applied.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff said they would report any concerns to their manager. In addition to training, staff were all provided with a caregiver operations manual that provided further detailed information and contact details.

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment such as aprons and gloves to help prevent the spread of healthcare related infections.

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.

The service was not yet consistently well-managed and well-led although there had been recent changes and we could see that improvements were being made.

We followed up actions taken in response to our last comprehensive inspection, undertaken on 1,2 and 8 August 2018. At that inspection, we found a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities Regulations) 2014. This was because the provider's quality assurance systems had not identified the shortfalls we found with regard to medicines management. At this inspection, sufficient improvements had been made and the legal requirement was met.

Before the end of the inspection process the provider had taken action to address the shortfalls in recruitment practices. In addition, they had reviewed and made changes to their quality assurance systems. These changes still needed to be fully implemented and embedded in the service. The rating for this key question remains 'Requires Improvement.'

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

- Some systems were in place to monitor and evaluate the quality of the service provided. Regular audits were undertaken that included care records, medicines management and call monitoring. However, at the time of our inspection, audits were not completed to check staff recruitment practices.
- Improvement plans had been developed where areas for development or improvement had been identified. These included systems to monitor the timeliness of people's calls, call scheduling, medicines management and care records.
- All staff were clear about their roles and responsibilities. Guidance was provided by the management team and supported by policies and procedures.
 - The managing director knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service. The managing director acknowledged they needed to send a notification that the registered manager had left the service. We received this notification before the end of the inspection process.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The manager and the staff team had a focus on making continuous improvements to the service people received.
- Staff spoke positively about the 'improving' management of the service. They were motivated, spoke positively and felt well supported. An office based member of staff told us that communication between caregiving staff, office staff and management had improved 'significantly' in recent months. They told us they felt everyone was more open and supported to express their views and provide feedback. One member

of staff commented, "It's really good as we're here to support each other."

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

- The service encouraged communication amongst everyone who used, and worked in, the service.
- People were supported to express their views at quarterly quality assurance and service review visits. In addition, people were invited to complete an annual questionnaire. In response to feedback that continuity of staff needed to be improved, additional staff were recruited. In addition, 'last minute' rota scheduling had been replaced by a systematic two-week scheduling programme, communicated in advance to people who used the service. Where people had previously commented their messages were sometimes not passed on, a monitoring system had been introduced to make sure messages were efficiently communicated.
- Daily meetings were held in the office and weekly meetings were attended by the managing director. Staff completed surveys and were confident their views, opinions and feedback would be listened to and acted upon.