CareQuality Commission

South Bucks Senior Care Ltd

Home Instead Senior Care

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

Home Instead Senior Care provides care to people in their own homes. At the time of our inspection, 69 people received support with their personal care needs in the High Wycombe and surrounding areas. Most people who received a service were older people. Home Instead Senior Care provides a minimum of one hour visits.

At our last inspection in October 2016, we rated the service 'good'. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated 'good'.

People told us they felt safe using the service. Care workers understood about protecting people from the risk of abuse and had undertaken training on safeguarding. Improvement had been made to how people's medicines were managed. This ensured better recording was in place to provide clearer audit trails. Risks to people's safety had been assessed and the service had action plans in place where risks were identified, to mitigate the likelihood of injury or harm.

There were enough staff to support people. They had been recruited using robust procedures. Staff told us they received good support and training. They could access managers when they needed advice or came across emergency situations.

People were supported with their healthcare and nutritional needs, to help keep them healthy and well. We have made a recommendation about the recording of meal and snack provision.

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 spoke positively about their care workers. Managers checked care worker practice by carrying out unannounced visits to people's homes whilst they received support (with their permission). This included checking to see people's cultural values and beliefs were respected and that staff offered choice and treated people with dignity. People could provide feedback about their care during reviews and through quality assurance surveys.

People's needs had been assessed before they received support. Care plans were then produced which outlined the support they required. These were kept under review and updated as necessary. Care workers and managers were responsive to people's changing needs and worked with health and social care professionals to promote their well-being. People's complaints were responded to appropriately.

There were clear visions and values at the service. Staff described an open and transparent culture and said they would be confident in raising any concerns about people's care.

The provider looked at ways of continual improvement for the service. Audits and surveys were carried out to check the quality of people's care.

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? The service has improved to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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Home Instead Senior Care

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 was planned to check 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 was a comprehensive inspection, covering all domains. It took place on 4 and 5 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure someone would be available to assist us and provide access to records.

The inspection was carried out by one inspector. An expert by experience contacted a sample of people who used the service and relatives, prior to us visiting the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They obtained views from 11 people who used the service and four relatives.

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.

We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.
We contacted the local authority commissioners of the service, to seek their views about people's care.

We spoke with the registered manager, the provider and two staff members during our visit. Emails were sent to a sample of 20 other staff, to request feedback. We checked some of the required records. These included four people's care plans, three people's medicines records, three staff recruitment files, staff training and development files. Other records included quality assurance documents, a sample of policies and procedures and complaints.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included "I definitely feel safe in their (care workers') presence and to be honest, I look forward to them coming each day." Another person told us "Yes, safe, very much so and I trust her (the care worker) too. I have confidence in her, she seems to be conscientious." The person added "This morning she took my cash with her to go out and get me some shopping. When she came back, she made a point of showing me the bill, counted out the change so that I could see all was above board. I certainly trust her to manage those jobs." People spoke of feeling 'comfortable' with the care workers who supported them. For example a relative said "I am always comfortable with the carers and what they do for her…we did go on holiday several times and felt entirely comfortable doing that." Another relative said "We are both very comfortable with the arrangement. (The person) is not conducive to strangers coming in and we are blessed with the same two carers coming in now. We both feel safe."

When we visited the service in October 2016, we had concerns about how people's medicines were managed. This was because accurate records were not maintained of when medicines were given, or gaps explained. Dose times were incorrectly written on medicines record sheets by staff and responsibilities for administration were not clear where staff handled some medicines and family members handled others. We asked the provider to make improvements and to submit an action plan which outlined the measures they would take.

On this occasion, we found improvements had been made. The provider had put a new system in place for recording of when medicines needed to be given. This made it clearer for staff to follow. The records we checked had all been completed and provided a proper audit trail. Where applicable, we could see when family members had supported people with their medicines. Care plans identified where medicines were kept in people's homes, who had responsibility for collecting prescriptions and where from. The service liaised with people's pharmacists if they had any concerns or queries about medicines.

People were safeguarded from the risk of abuse. Staff told us they received training on protecting people from abuse and how to respond to this. None of the staff we spoke with had any concerns about people's welfare, or the tasks they were expected to undertake when they supported them. There was scam-awareness training for staff who supported people who may be at risk, so they could be vigilant to this.

Risks to people's safety had been assessed and were kept under review. Written risk assessments were contained in each care plan we read. These included assessment of people's home environment, assisting them to move and their physical health. Where risks were identified, measures were put in place to address these, to keep people safe. For example, two staff were provided to support people where they required hoisting to reposition.

There were enough staff to meet people's needs. They had been recruited using robust procedures. These included written references, a check for criminal convictions and completion of an application form. People told us they did not experience any missed visits and received continuity in who supported them. Some of

the feedback included "They are always very punctual unless the traffic is very heavy. All round, very good timekeeping, I would say," "They are not rushed in what they do and they are usually on time" and "They are on time usually, even a bit early sometimes." Another person commented "They are never rushed, the length of visit seems just right, everything that needs to be done, gets done."

People were protected from the spread of infection. Staff wore disposable protective items, such as gloves and aprons when they supported people with personal care. Training on infection control practice was included in the staff induction. We saw checks of infection control practice were made during unannounced spot checks by managers to people's homes.

Lessons were learned and improvements made when things went wrong. For example, the registered manager told us regular checks were introduced of medicines records, as part of quality assurance processes. This was in response to recording issues. They told us there had been a reduction in errors since these checks were started.

Staff received training to ensure they followed safe practices when they supported people. This included first aid training, moving and handling and health and safety awareness. Updated courses were attended to keep these skills refreshed .

People's records were accessible in their homes with copies kept securely in the office. These were accurate and had been kept up to date following changes to people's care needs.

People were kept safe as the provider had a system for receiving external safety alerts through local and national organisations.

Good

Is the service effective?

Our findings

People received effective care and support. Each person's care needs had been assessed before support commenced. This information was then used to write an individualised care plan. Assessments took into account physical and mental health needs and incorporated any support people needed with specific health conditions or disabilities.

People received their care from staff who had the appropriately skills and support. There was an initial, structured four day induction for new staff which included their training. They were then allocated to as senior care worker for three months and started working towards the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. There was a programme of on-going training to keep skills refreshed.

Staff told us they received good training and support. Comments included "I feel completely supported in my role and if I ever have any issues or queries there is always someone on hand to help me" and "The initial training provided is excellent." Other staff told us "The office and managers are very supportive and caring" and "I completed my initial training, which I found very thorough." A further member of staff said "I feel supported in my role as a caregiver. There is always someone I could talk to if I am not sure about something…there are plenty of opportunities for training too, which I enjoy attending. The office staff are always available in case of emergencies."

There were systems for supervising and appraising staff, to ensure they worked effectively and developed as workers.

Staff communicated effectively about people's needs. Relevant information was documented in people's homes to log any significant events or issues so that other staff would be aware of these. Concerns or changes to people's well-being were passed to senior staff, for their attention.

People were supported with their healthcare needs. In one example, we saw the service had liaised with a specialist nurse about the person's care and supported them to attend hospital visits, when required. In another example, staff had worked with the family and occupational therapist to ensure a person could safely use equipment to assist with their mobility.

People's nutritional needs were recorded in their care plans. Risk assessments had been completed to identify the likelihood of malnutrition of dehydration. Where staff supported people with their meals, we saw they maintained a record of these in the daily notes they completed. Some notes referred to leaving a snack for the person to eat after the care worker had left. Further information had not been recorded about what the snack consisted of. This would be useful to know where people had been assessed as being at high risk from malnutrition, to ensure they received appropriate amounts of food and that their diet was balanced.

We recommend good practice is followed in the recording of meal and snack provision, where people are

assessed as being at high risk of malnutrition.

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 to receive care and treatment with appropriate legal authority. In this type of service, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Care plan documents recorded where people who lacked capacity had a legally appointed representative to make decisions on their behalf. There were copies of Lasting Power of Attorney documents, to confirm this. This meant the service had satisfied itself it had consulted the right people to make decisions on people's behalf. Records were kept of decisions made in people's best interests.

Staff worked well together and with external agencies to deliver effective care and support to people. Staff said there was good teamwork and that managers were approachable.

Good

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. Some of the comments we received included "I have had two carers for a long time and we know each other very well now" and "I am very comfortable with all of them." Another person told us "I have three different girls (carer workers) that come for me. They are all completely different in their characters and their outlooks on life. One is young and I really enjoy all the differences and the chats we have. It is exhilarating and good fun for me." Another person commented "The carers are very good and very friendly." A relative told us "They do a little bit of everything for us…nothing is too much trouble for them." Another relative said the service was "Fantastic in every way…they are always punctual and they are always pleasant too." A further relative told us "It is very important for me that on the day he goes out, that they sit down with me for a cup of tea and a biscuit for ten minutes. I think this needs doing, it is very important for me. We go through things and I feel it makes me feel that I participate in the caring…this involvement allows me to feel that I am contributing."

We read a record of a review meeting in one person's care file. It included feedback from the person's family that "(Name of care worker) has a great relationship with mum. The fact that she speaks mum's mother tongue is a huge help and gives mum a lot of comfort and makes communication much easier."

Managers checked to see that care workers respected people's beliefs, culture, values and preferences, gave choices and treated them with dignity. This was a standard part of the unannounced spot checks managers undertook, to ensure care workers carried out their duties in a caring and effective manner.

People told us they were provided with emotional support when needed. For example, one person told us "I had an issue earlier this year with (an external agency). I felt I was being bullied by them. (Name of provider) has always said they could help and advise. We had a meeting with (the provider) and they came with us to a meeting with (the external agency). (The provider) was very helpful and very supportive."

People's independence was promoted. Information was recorded in care plans about people's daily routines and what they could manage themselves. For example, which aspects of showering or meal preparation they could undertake unaided. There was information for care workers on how best to support the person. This included the importance of leaving things where people could reach them, so they were accessible.

People were treated with respect. Care plans were written in a style which conveyed respect for the person and promoted involving them in making decisions. One example was in supporting someone with their shopping. Part of the care plan stated "Encourage (name of person) to write a list each week, helping them with any bits that may have run out." It went on the say that when preparing meals, "Liaise with (name of person) on a daily basis." This was typical of the care plans we read.

People who used the service or their relatives were able to provide feedback about the quality of care and express their views. This included reviews of care provision and surveys organised by an independent organisation.

Good

Is the service responsive?

Our findings

People received care which was responsive to their needs. A written care plan was in place for each person. Care plans took into account people's preferences for how they wished to be supported and included their physical and mental health requirements. The care plans we read showed evidence of regular review of the changes to people's circumstances. Staff told us they were kept informed of any changes. For example, one member of staff said "We are kept up to date with changes to clients' care plans; any change gets recorded in the client file and emailed to all the carers of that client." This helped ensure staff provided appropriate support to people.

We read several examples of how the service had responded to people's changing needs. In one example, we read correspondence between the service and a relative. This alerted them to deterioration in the person's condition and a possible requirement for more support. One person told us the service was "So flexible and have arranged extra visits for me now when I need them." In another example, a member of staff told us "When I had a concern about how care is delivered and what I was expected to do (due to the changes in my client's condition), I contacted the office and asked a senior carer to cover the visit with me to observe me, which led to us making changes to the care plan…the end result was better for the client's needs and safety."

In another example, we saw staff had contacted someone's pharmacist regarding their medicines. This was to enquire if the medicine could be put in blister packaging, which would enable the person to manage it independently. The pharmacist was able to do this. The service changed the timing of people's care visits, where this was needed. For example, a relative had contacted the office to request this, which was then arranged. A review of the person's care was also carried out at the same time, to see how best to support the person with their personal care needs.

No one required support with end of life care at the time of our visit. The provider and registered manager described support they had given to someone in the recent past. We also read some of the daily notes relating to the care provided at this time. We were able to see staff knew the person's needs very well. We also noted they had supported the person whilst they received specialist treatment in hospital, out of the area, at the family's request. Some staff had received training on end of life care. This included managers completing courses for trainers, to be able to cascade this to care staff. The service's learning and development manager told us more training was being arranged for staff next year.

People's concerns and complaints were responded and listened to and used to improve the quality of care. There were complaints processes in place. We looked at how some recent complaints had been managed at the service. In each case, we could see people were provided with a written response which addressed their complaint, an apology if needed and action where required.

We checked to see if the service ensured that people had access to the information they needed in a way they could understand it. This was to complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all

providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider told us no one at the present time required information to be provided in different formats. They were able to access some large print documents, such as the service agreement, if needed.

Good

Is the service well-led?

Our findings

People received care in a service which was well-led. This enabled then to receive safe, effective and co-ordinated care. People spoke positively about the service they received. Typical comments included "Everything is really good with the care and the carers" and "(Name of provider)'s advice and help is always available and their help was greatly appreciated."

A registered manager was in place. 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.

The service had clear visions and strived to provide high quality care to people. Throughout our discussions, the provider spoke with us about ways of continually improving the service they offered. This included plans to improve people's nutrition through education of care staff, which would be mandatory from next year. They were also developing recipes with nutritionist input, that staff could use during the time they had in which to support people.

Staff understood their responsibilities to provide safe and effective care to people. They received support through supervision, appraisal and training to meet these needs and keep skills updated. Staff told us they would be confident in raising any concerns about people's care, as managers were approachable.

The providers had a range of incentives to retain staff. These included access to an employee assistance programme, for confidential counselling and support. Staff could also access a service to help them manage their finances. Staff told us they were appreciated and the provider recognised when they had 'gone the extra mile'. Staff spoke positively about working for the organisation. Some of the comments were "I think Home Instead are extremely professional, friendly and an excellent employer to work for" and "I absolutely love my job and the company. I would recommend them to anyone."

A quality assurance survey was carried out by an independent company. The most recent survey results showed the service was performing to high standards and most people were 'very likely' to recommend it. The provider carried out audits each month to check daily reports and medicines records were completed appropriately. Managers made unannounced visits to people's homes whilst they received care, with their permission, to check care workers' performance.

The service worked in partnership with other agencies. This included health and social care professionals, such as occupational therapists, social workers and pharmacists. This enabled appropriate management of any risks or concerns about people's well-being.