

Holloway Care Limited

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 and support to people in their own homes in and around the Burton upon Trent area. This announced inspection took place on 13 and 28 March 2018.

At our last inspection, 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 ongoing 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. At this inspection, we found the service remained Good.

People continued to receive support in a safe way, and staff understood how to protect people from harm. Enough staff were available to support people. Risks to people were managed to reduce potential hazards and the provider followed safe recruitment processes. Where people required support to take their medicines; this was provided in a safe way. Staff understood their responsibilities in relation to hygiene and infection control.

People continued to receive effective support. Staff had the knowledge they needed to provide effective care and support was delivered in line with good practice guidance. People's physical health was monitored and support was provided when required. Where required people were supported to prepare meals of their choice and were enabled to have maximum choice and control of their lives.

People continued to receive support that was caring by staff who were kind, compassionate and caring. People were involved in making decisions about their care and their privacy, dignity and independence was respected and promoted.

People continued to receive support that was responsive to their individual needs, including their preferences and routines. The support people received was reviewed with them to ensure it remained relevant. People knew how to raise any concerns or complaints, and these were responded to in a timely manner.

The service continued to be well led. The management team were clear about their roles and responsibilities. Staff felt valued and enjoyed working at the service. People and staff were encouraged to give feedback, and their views were acted on to develop the service. The provider worked in partnership with other agencies and systems were in place to drive ongoing improvements.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

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 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 announced inspection took place on 13 and 28 March 2018. We gave the provider three days' notice as they provide support to people in their own homes, and we had to gain people's permission to contact them. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience spoke with people on the telephone on the first day. The inspector visited the office location on the second day to speak with staff and review care records, policies and procedures.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. On this occasion we did not ask the provider to send a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, at the inspection we offered the manager and management team the opportunity to share information they felt relevant with us.

We spoke with nine people who used the service and nine relatives. We spoke with the nominated person, the registered manager, the training coordinator, one of the care co-ordinators and four support workers. We looked at the care files of three people who used the service to see if their information was accurate and up to date. We reviewed two staff file to see how they were recruited and checked information about their training. We also looked at records relating to the management of the service. This included audits the registered manager had in place to ensure the quality of the service was continuously monitored and reviewed.

Is the service safe?

Our findings

People continued to be safe receiving support at home. One relative told us, "Since approaching the agency to look after [Name], for myself and the rest of the family, it has meant that we can sleep easily at night, knowing that they are well cared for and safe. If we did have concerns, we know we can phone the manager who is also the owner at any time, day or night." Staff understood their responsibilities to protect people from harm and abuse and were aware of the safeguarding policy and procedure to follow. They were able to describe the actions they should take, and were confident to report any concerns.

Risks to people's safety were managed effectively. People's home environments were assessed to identify any hazards. This included a home fire awareness check. Where hazards were identified regarding fire safety, staff were able to refer people with their consent to the 'Olive branch' project. This is a project with Staffordshire Fire & Rescue Service for a free home fire risk check. People were encouraged to consider their safety when alone. For example, staff checked with people that they had their emergency alarms with them when they completed the call. Staff ensured that people's properties were secured at the end of their visit. One person told us, "They let themselves in and out with my key safe. They've never left my door unlocked in all the time I've had it." We saw that risks were reviewed with people to ensure they remained relevant.

The registered manager ensured people had the equipment they needed at home to minimise potential risks. This was done by working with community professionals to ensure people's needs were assessed so that the right equipment was in place. One person told us, "My relative has some grab rails, a perching stool for use in the bathroom, a profiling bed and a reclining chair. These days, they spend the day going between all of the pieces of equipment. They even have a Zimmer frame to help them get around inside, and since they have had this they haven't had another fall. As far as we're concerned, the carers know how to use all the equipment." Staff confirmed they received training to use equipment correctly, and their work practice was assessed.

There were enough staff to meet people's needs and support them to stay safe. People told us that staff arrived on time and were not rushed during the visits. One person told us, "Considering the traffic around here and the weather recently, the carers are remarkable on time 99% of the time. If they have got held up, the office always call me to keep me informed. I've certainly not experienced them finishing before their time is up." Another person told us, "All the carers are very reliable. If my relative's carers are running late, the office contacts me and then I let my relative know what's happening. If anything, they stay over their time." A staff member told us, "We have good time frames to support people but if you need longer the manager organises this. Recently one person needed a bit longer than the 45 minutes they were allocated. The manager sorted this and now the person gets an hour which is much better for them." Staff worked within defined geographical areas, and were given time to travel between their calls.

We saw that the provider followed safe recruitment processes and staff confirmed that the required employment checks were undertaken. People told us they knew which staff member would be supporting them and confirmed they received consistent care. One person told us, "I get a weekly rota which arrives

every Friday and starts the following Monday. I like having it so I know who's coming through the door each day." Another person said, "My rota comes every Friday for the following week. It means that I know who will be coming and can plan my week."

When people needed support to take their medicines, systems were in place to ensure this was done safely. One person told us, "My relative is given their tablets by the carer each morning. They give my them a drink and complete the records to show they have taken them. They are very professional and my relative has them regularly at the same time each morning." Staff confirmed they received training before they supported people to take their medicine. We saw that when people received support with their medicines, accurate records were kept and support plans provided detailed information on the assistance the person required to take their medicine.

Staff understood their responsibilities to ensure high standards of hygiene were maintained. One person told us, "The staff bring their gloves and aprons with them and they change their gloves in particular between each job and always wash their hands thoroughly without me having to tell them to do so." Another person said, "I've never once had to remind the staff about anything to do with hygiene. They are very good at washing their hands regularly and they always use their gloves and aprons. They take the rubbish with them on their way out and usually empty my kitchen bin for me at the same time." Staff confirmed that they were able to access a supply of personal protective equipment as required.

Continuous monitoring was in place to ensure any accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the management team to look for any patterns or trends; to enable them to take action as needed. The registered manager confirmed and we saw that no patterns or trends had been identified within the last 12 months.

Is the service effective?

Our findings

People's support was delivered in line with good practice guidance and they were protected under the Equality Act; as the barriers they faced because of their disability had been removed to ensure they were not discriminated against. This varied from a variety of equipment and adaptations, to enable people to move around their home independently.

People told us the staff were competent and capable of undertaking the tasks they performed. One person said, "As far as the help that I need, all the carers seem to have the right skills in order to help me." Staff had the knowledge they needed to provide effective support for people. New staff received an induction that prepared them for their role, and ongoing training was available for staff to ensure their practice remained up to date. One staff member told us, "When I started I completed an induction and did shadow shifts. This is where we go out and meet each person and observe the support they get. We do this before we go out alone and if we need more shadow shifts we can have them." Another member of staff said, "The training is very good. There is eLearning and we have our own trainer and have training with them; they are very good."

Where people were supported with meals they confirmed they made their own decisions about their meals and drinks, and staff supported them as needed. One person told us, "I have to have all my meals made for me by my carers these days. The three visits during the day are quite well spaced out so it means that if I fancy something a bit more substantial for breakfast, I could just have a snack at lunchtime and then have a cooked meal at teatime or the other way round depending on how I feel." Another person said, "My carers will tell me what I've got in the fridge already to eat and then I decide what it is I fancy and then they prepare it for me. I don't think my diet is too bad and the carers do try to encourage me to eat at least a couple of bits of fruit every day." The staff told us if they had concerns about a person being nutritionally at risk, they would report this to the office. This was to enable referrals to be made to the relevant community professionals where needed.

The staff team worked with different organisations to deliver effective care. The registered manager told us how they worked with the local reablement service when people required ongoing support following a period of reablement. Where people required equipment, to support their mobility the registered manager made referrals to ensure people received the equipment needed.

People we spoke with were able to make their own arrangements in relation to their healthcare. However, we saw and staff confirmed that they monitored people's health to ensure support could be sought where needed. One member of staff said, "We do monitor how people are. We get to know them so if they aren't their usual self we would notice this and report it both to their family and the office. If needed we would call the doctor out to them, or the emergency services if they were needed. We all get first aid training as well which is very helpful; as you never know when you might need it."

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 make 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 court of protection. We checked whether the service was working within the principles of the MCA.

The registered manager confirmed that some people who used the service did not have capacity to consent to the support they received. We saw that information about people's capacity was recorded regarding the support they required to make decisions. Where people were unable to consent to care, we saw best interest decisions were in place and people that were important to the person, were involved in reviewing what decisions should be made in their best interests. Where people were able to consent to their care we saw they had signed their care plans to demonstrate their agreement. Where people's representatives had obtained the legal agreement to make decisions on the person's behalf regarding their care, such as lasting power of attorney; we saw the registered manager had obtained a copy of this legal agreement to confirm this had been legally authorised.

Staff had a good understanding of the MCA and understood their responsibilities for supporting people to make their own decisions. Staff told us they obtained people's consent before they supported them. People we spoke with confirmed this, one person said, "There's really not one aspect of our care that hasn't been looked at by my relative and I. We feel thoroughly involved with everything." Another person said, "My carers ask for my consent all the time." This demonstrated that staff provided support in people's preferred way and with their consent.

Is the service caring?

Our findings

People told us the support they received from the staff was caring and considerate. One person told us, "In all the years I've had carers from the agency, no one has ever shouted at me or used bad language and they are also very careful with all the belongings that I have here in my home. I know some people would call it clutter, but everything I have here is precious to me and I would hate for anything to get broken, even accidentally." A relative said, "I only manage to get to see my relative every couple of weeks, but their carers are very good and one of them will pop down to the local shop to buy them anything that they are running out of, or just to get them something that they particularly fancy. They really do go over and above what they are asked to do."

People's diverse needs were met by staff, including their methods of communication. One person told us, "My relative is deaf and blind and recently had a stroke so caring for them can be really difficult. Their staff however, are so patient and they take their time to communicate with my relative, in their own way so that they feel reassured and have the support they need from the staff."

People were encouraged to be as independent as they could be. One relative told us, "What I like about the carers, is that they are very supportive of my relative but at the same time allow them to do the things that they are still capable of doing for themselves. If that means it takes a few more minutes and they have gone over their time; they are happy to do that and never make any bones about it."

Staff listened to what people told them, and respected their views about the support they received. One staff member commented, "I always work at the person's own pace and support them to do as much as they can." This demonstrated that people were enabled to have as much control in their lives as possible.

People told us their privacy was respected. One relative told us, "I usually hear my relative's carer going up the stairs to our room and she always knocks on the door even when the door is open so that she can say that she is there. She always wait for my relative to tell her she can come in before she closes the door and I can hear them getting on with helping my relative to get up."

Is the service responsive?

Our findings

People were involved in making decisions about their care. One person told us, "When we first started with the agency, probably a good couple of years ago, the manager came and sat with us and we had a long talk about what help we needed and how the carers could provide that for us. We were fully involved in planning everything from the timings of visits, to the length of visits and how we wanted the support. The manager regularly visits us now to make sure that everything is working as it should do."

We saw that people's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. We saw that people's communication needs were also considered within the care planning process. The registered manager confirmed they were aware of accessible information standards (AIS) and told us that if people required information in an alternative format, such as large print, pictorial or audio, the provider was able to action this. For example, one person required information in large print and this was provided for them. Staff confirmed that the care plans were a working document which they used to help them provide individualised care to people.

People's choices and preferences were taken into account regarding the gender of staff that supported them. One person told us, "When my relative first started with the agency they asked for male carers and they were provided with male carers. However, during the last few months my relative has asked if they could try some female carers as well and again they have organised that without any fuss. My relative now has a couple of male carers who work alongside a couple of female carers most of the time and they seem to like that."

People knew how to raise any concerns or make a formal complaint. One person told us, "I've never had any issues, but if I did I would call and speak to the manager and I'm sure because of the way I've been treated by the agency in the years I've been with them, that they would take any issues I had and would treat them seriously." Another person said, "We've only been with the agency for just over a year, but in all that time, we've never had anything that we had to complain about. We have spoken to the manager on the phone a couple of times when we needed some extra help at short notice and the way that she has dealt with that, I would hope, would reflect on how she would deal with any issues that we brought to her." We saw that people were given a copy of the provider complaints policy when they began to use the service and the registered manager had responded to people in line with this.

At the time of this inspection, the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There was a registered manager 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 using the service and their relatives were clear who the registered manager was and confirmed that they could speak to them when they needed to. One person told us, "We've known the manager for a long time and we have her direct call number which she has assured us, we can use anytime. She's never refused a call from us." Another person said, "I was very impressed when I first met the manager. She has never promised anything that she hasn't delivered and she always says that I can call her anytime."

People found the service to be well led. One person said, "This agency bend over backwards to make sure that we have an opportunity to tell them how we find things on a regular basis. They have been nothing but exemplary in the care they have provided, together with the way they are organised. I only wish all other agencies were as good as this one."

There was an on call system in place for staff to use out of office hours as needed. One member of staff told us, "There is always an on call responder if we need support out of hours and the providers also cover some shifts as well, so they know people really well". The registered manager and nominated individual, who were also the providers, were supported by a team of co-ordinators. The coordinators were responsible for the day-to-day support people received and provided management to the support workers in the community. One staff member told us, "The support here is really good; there is always someone available if you need them."

People's views were sought on an ongoing basis. This was done through care reviews, visits to people, telephone quality checks and annual satisfaction surveys. We saw that an audit was undertaken of the survey results every year and these were sent out with the company's newsletter provided to them. One person told us, "I will usually have a phone call from someone in the office every couple of months to make sure that everything is alright. When I see either the manager or one of the coordinators for a review meeting, which probably happens every six months or so, I've also been asked my opinion of the service and whether I think there is anything that needs improving."

Staff were supported and motivated in their roles. They received supervision sessions and spot checks of their practice that gave them time to discuss their learning needs and future development. One staff member told us, "I feel very supported not just in supervisions but at any time I can talk to anyone in the office." Staff were rewarded for their achievements and told us they felt valued as a member of the team. One member of staff told us, "We have social events three or four times a year and a team that helped a person's reablement was presented with an award." Another staff member said, "At Christmas we all were given goodie bags by the providers and there are awards to staff given for their achievements. I would

recommend working here. Everyone is so approachable."

Staff told us about the team meetings they attended and how they contributed to these and about opportunities they had to confidentially raise any issues or ideas they had. One staff member said, "We have meetings at a local restaurant and we can discuss anything we want. The providers don't come so whatever we say remains anonymous." This demonstrated the provider valued their staff team and gave them opportunities to express their opinions regarding the running of the service.

People's right to confidentiality was protected. All personal records were kept securely in the office. Each person had a copy of their records, available to them at their home which they maintained responsibility for. We saw our latest rating was displayed at the office base and on the provider's website, as required.

The provider conducted regular audits to check that people received good quality care, such as missed calls, complaints and spot checks on staff practice and audits on medicine administration records. A system was in place to record whether people received their support on time and ensured that people received the agreed support time. The system identified if people did not receive their visit and alerted senior staff to ensure people were not left at risk of harm. This showed us that the provider monitored the service and took action as required to improve the service. The registered manager ensured that people received the relevant support from other agencies as required such as community health care professionals.