

Deva Senior Care Services Ltd

Home Instead Senior Care - 12a Telford Court

Inspection report

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12 September 2019

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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

About the service

Deva Senior Care Services Limited t/a Home Instead Senior Care is a domiciliary care agency providing personal care to 60 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received a caring service and felt supported and valued as individuals. People spoke very positively about staff and described them as 'very helpful', 'caring' and 'attentive'. People told us they were treated with respect and staff upheld their dignity during care visits.

People were supported by small, consistent staff teams who knew people extremely well and trusting relationships had been formed. We saw numerous examples where the staff had ensured people's emotional, leisure and cultural needs were met through the use of technology and social activities. These helped to reduce the risk of loneliness and isolation.

People were 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 had been involved in developing their care plans and signed documentation to evidence this. Care plans were person centred and people could change their care plans when they chose.

Systems were in place to manage risks to people's health and wellbeing and medicines were managed safely.

The provider was also involved in initiatives to improve people's wellbeing. This included providing advice and support to enable people to stay safe from the risk of scams. This initiative was not restricted to people receiving care and was accessed by the wider community.

The service was well led and staff felt well supported by an open and honest culture with a clear focus on continuous improvement. The provider also worked with other professionals and organisations to share training and ensure positive outcomes for people.

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

Rating at last inspection

The last rating for this service was good (published 12 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 - 12a Telford Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at home to speak with us. Inspection activity started on 10 September 2019 and ended on 12 September 2019. We visited the office location on 10 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. Through the inspection we also viewed a selection of written feedback from relatives and professionals involved in people's care. We spoke with 12 members of staff including the provider, registered manager, training manager and care workers.

We reviewed a range of records. This included five people's care records and a number of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and people confirmed they felt safe with the care they received.
- Staff understood the actions they must take if they felt someone was being harmed or abused.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and investigations had been completed.

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed and care plans had been developed to minimise any risk to people's health and wellbeing.
- An on-call system was in place to ensure advice and support was available to people and staff out of hours.

Learning lessons when things go wrong

- There was a robust system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a regular basis by the registered manager. This enabled them to analyse trends and identify any lessons learnt.
- Staff demonstrated that they understood how to respond, record and report incidents and accidents safely.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.
- People also told us staff were reliable and punctual. Office staff contacted people if a staff member was running late for a visit.

Using medicines safely

- Medicines were managed safely. One relative told us, "Medication's are provided as and when required and they are kept locked in a safe cabinet. [Staff] oversee medication in a safe manner and make sure prescriptions are maintained."
- Medicines were only administered by staff who had the correct training to do so and robust records completed.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. Staff used personal protective equipment (PPE) such as gloves and aprons. People confirmed that staff always used these when providing care.

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 the same. 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

- People's needs were assessed before they received a service. This information was used to develop risk assessments and care plans which reflected current standards and best practice guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked with other agencies to ensure people received consistent, effective and timely care and their input and advice was clearly reflected in people's care plans.
- Professionals involved in individual care packages spoke positively of the service. One told us, "When we know that [the service] provide the care package to one of our patients, we know they will be in good hands and that we are dealing with a company who will engage positively with our team to provide the best care and management of our patients."
- People told us they were supported to access their GP, and relatives confirmed they were kept informed of any health issues. One relative told us this was a great comfort as it gave the whole family reassurance that their loved one was well care for.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was working within the principles of the MCA and staff were confident in supporting a person who refused care.
- People had signed their care plans to confirm they agreed with the care they would receive and, where people had appointed a Power of Attorney, this was clearly recorded.
- Where concerns arose about a person's capacity to give consent or make a choice, care records contained

assessments of capacity and the outcome of any decisions made in a person's best interests.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware of the nutritional needs of people and information of people's individual support needs was clear within care plans.
- People spoke positively of the support they received around maintaining a balanced diet.

Staff support: induction, training, skills and experience

- Staff received the support they needed to do their job well.
- New staff were supported to complete an induction and people receiving a service confirmed that they shadowed experienced staff before working alone.
- Staff received appropriate training. Staff spoke positively of the training they received and told us it made them feel confident to do their job well.

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 the same. 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 were treated with kindness and staff had built open and honest relationships with people and their families. One relative told us, "[Name] thinks of the carers as an extension of [the] family". They added, "[Name] continues to live independently thanks to the excellent and consistent care from Home Instead. Without support [name] was so depressed, [name] is now largely content and even happy because [they are] less isolated, better cared for and feels safe and secure."
- Another relative described the staff as, "Very personable, cheerful, friendly in a nice chatty way."
- Staff were intuitive in recognising when people showed signs of distress. One staff member described how they had discovered particular items of clothing worn by staff caused distress to a person. They communicated this with other staff so adjustments were made. This example was used in dementia training as an example of good practice when supporting people living with dementia.
- People receiving a service also confirmed they were well treated and supported. One person told us they were "never rushed," and added, "They allow me to speak my mind." Another person told us that staff are, "Very caring," and, "They provide the right level of care and support."
- Staff considered people's protected characteristics under the Equality Act 2010. Religious and cultural needs were discussed when developing the care plan and support needs such as accompanying one person to church was clearly documented in their care plan.
- Staff acknowledged key events such as birthdays and we saw examples how a staff member had made one person a birthday cake themed on his favourite pastime.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as they could for themselves. One person told us, "They helped me maintain independence by helping me order and prepare meals."
- In another example, the care provided by staff helped to keep people independent. One written compliment we read said, "The care you have given [name] over the last few years has been exemplary and went a long way to ensuring [name] could stay in [their] home as long as possible."
- Privacy and dignity was also respected. One person told us, "I am quite satisfied with the general care that I get, staff know me and my needs. They treat me with dignity and respect at all times." One relative also confirmed this and told us, "They knock on [name's] door before entering and use appropriate humour."

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

- People (and their relatives) were fully involved in decisions about the care and support they received.
- People were able to discuss their planned care and establish any specific needs or wishes such as the

gender of care staff, activities of interest or changes in visits.

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 the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service considered the social and cultural interests of people when developing care plans. Staff supported people to pursue their personal interests and the provider was committed to providing opportunities for people to attend events to combat the risk of loneliness and isolation. One person told us how staff had helped them maintain their interest in needlecraft. A staff member had developed a mutual interest and they completed needlecraft together during care visits.
- Another person had been supported by staff to learn to use a smartphone. Their relative described how this made the person feel more connected with their family through learning to use of social media.
- A relative told us of the positive impact exercise had on one person receiving support. They said, "Staff are very good at helping [name] socialise including taking [name] for a stroll preventing [them] from becoming isolated." He explained that the person had always been an active person so the family appreciated the opportunities [staff] provided adding, "[Name] looks forward to such events and is able to recall for some time the pleasure of such occasions."
- Another relative praised the activities offered to people and said of one person, "Trips enable [name] to be socially active and I can always tell in [name's] phone conversations when [they] has been out. [Name] is exited, happy and has a positive attitude." They added, "[Name] would not be at home without the support [they have] received."
- We also saw an example when staff had considered the interests of people in their own personal time. One staff member sent photographs following a holiday to a client who they knew had a passionate interest in archaeology.

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.

- The communication needs were thoroughly assessed and reflected within care plans.
- The service was creative in ensuring communication needs were met, particularly for people living with dementia. For example staff assisted people to record planned events and appointments on whiteboards to aid memory and office based staff were able to communicate with one person where English was not their first language to assist with arranging and reviewing care.
- Information was also available in different formats upon request.

End of life care and support

- Although the service was not currently supporting anyone with end of life care, the registered manager ensured staff received end of life care training and had developed close links with a local hospice. The hospice was planning to provide additional training and support to staff.
- Where appropriate care files in people's homes contained information where people had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in place so staff could provide the appropriate response to people in an emergency health situation to ensure people's wishes were upheld.
- The provider had published a local 'What's on Where' guide. This was a list of different community groups, clubs and associations provided to people. We saw an example of how this had been used when supporting a relative to signpost bereavement sessions. This guide had also been shared with the local hospice who confirmed it was a useful resource used by the wider community.

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

- People received personalised care which reflected their needs and preferences. Care plans were person centred, capturing people's personal histories and specific wishes in relation to the care they received. We identified small areas of improvement in some care plans and these were immediately rectified by the registered manager.
- Staff told us care plans were clear and easy to follow and they were kept informed of any changes.
- Care plans were reviewed on a regular basis in response to changes in need.

Improving care quality in response to complaints or concerns

- There was a robust system in place for recording complaints. We saw that where complaints had been received there was a detailed record which included a record of actions taken. We also saw that feedback was provided on each occasion.
- Information was widely available informing people of the complaints process.

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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a robust framework of governance underpinning the service. This consisted of robust audit processes that were regularly monitored and reviewed.
- Audits and other checks completed by the registered manager and senior care staff were effective in identifying and driving improvements.
- The provider met regularly with the registered manager to discuss the quality of the service provided and new initiatives that's would further improve the service. At the time of inspection staff were being trained in using an electronic medication and care note system. This system was being introduced to reduce risk of medication errors and improve oversight of the quality of care being recorded for people.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The most recent CQC rating was clearly displayed in the office as well as the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us that the service was well led and the support offered extended to the relatives of people receiving a service. One relative said, "It's not just [name] who benefits, I am given piece of mind and feel supported by Home Instead."
- Staff spoke positively about the registered manager and the provider recognised the achievements of staff through rewarded long service and good attendance awards. This meant staff felt valued.
- One member of staff told us they chose to work for the service as they had previously supported one of their relatives, "And they were great."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked to engage with people and the wider community. They published a Client newsletter which was an opportunity to share successes and opportunities for people receiving support and to become involved.
- People were also signposted by the service to other agencies such as benefits maximisation teams. This enabled people to ensure they were in receipt of the correct welfare benefits to reduce financial pressures when arranging care.

- Home Instead supports the 'Think Jessica' campaign which is an initiative to raise awareness and protect people from the risk of scams. The service actively promoted this and held regular scam awareness events and presented talks to groups within in the local community where people could receive advice and support to stay safe in their own homes. We saw how these events had been affective in raising awareness and other care agencies had shared this information within their own organisations.
- People confirmed that they were encouraged to offer feedback about the service through regular contact and questionnaires. The results of these recorded positive satisfaction with the service provided.
- Staff were engaged and motivated and felt value in team meetings where they felt there was an open and honest culture to share their views and feel they are listened to.
- The registered manager worked closely with external professionals to ensure consistently good outcomes were achieved for people.