Glendora 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?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service
Home Instead Senior Care is a domiciliary care service providing personal care to 19 people aged 65 and over 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
We have made a recommendation about checking medicines information and investigating medicines related incidents.

Staff knew about safeguarding and whistleblowing procedures. People had risk assessments to keep them safe from the risks of harm they may face. Staff were recruited safely. People were protected from risks associated with the spread of infection. Accidents and incidents were recorded and action taken to prevent reoccurrence.

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. Care staff sought consent from people before delivering care.

People and relatives told us staff were caring. Staff understood how to deliver a fair and equal service. Staff knew the people they supported well. People and relatives were included in decision making about the care being delivered.

Care was personalised and people's choices were promoted. The provider included companionship in care plans and people were supported to maintain their social and cultural links. People were supported with end of life care when appropriate in line with their wishes.

People, relatives and staff spoke positively about the leadership in the service. The provider understood their responsibility to notify relevant authorities about safeguarding concerns and incidents. The provider had a system of checking the quality of service provided including obtaining feedback from people using the service and staff. People received joined up care because the provider worked in partnership with other agencies and professionals.

Rating at last inspection

The last rating for this service was good (published 03 January 2019).

Why we inspected
This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question Outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 10 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
The inspection team consisted of an inspector, a medicines 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
This inspection was announced. The provider was aware we would be inspecting between October and the end of November as we had to seek their agreement to participate in the pilot. We then gave the service two working days' notice of when we would be carrying out the inspection. Inspection activity started on 10 November 2020 and ended on 20 November 2020.

What we did before the inspection
We reviewed the information we had received about 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 five people and eight relatives of people who used the service about their experience of the care provided. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought feedback from the local authority. We contacted seven care staff.

We reviewed a range of records. This included five people's care plans including risk assessments. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service quality assurance were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed all the information we had received from and about the provider.

Good

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 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
• People told us they felt safe with the care staff. One person said, "There is nothing unsafe about them [care staff]. The quality of the [care staff] is exceptional."
• Relatives told us they felt their relative was safe with the care staff. One relative said, "To be honest I couldn't feel [person using the service] would be safer. I have no complaints."
• Staff knew about safeguarding and whistleblowing. One care staff said, "I would report my concerns immediately to the office. I wouldn't hesitate to whistleblow as I have a duty of care to [person using the service] and their safety comes first."
• The provider had a safeguarding and whistleblowing policy which gave clear guidance to staff about the actions to take should they suspect somebody was being abused or harmed.

Assessing risk, safety monitoring and management
• Staff confirmed they were aware of the risks people using the service may face. One care staff told us, "I know what the risks are by reading [person's] care plan. In the risk assessment all the relevant information will be there in terms of risk."
• People had risk assessments to reduce the risks of harm they may face. These included moving and handling in terms of mobility and support needed, and physical health in terms of medicines, health conditions and nutrition.
• Each person had an environmental checklist which included the location of utility cut off points such as the water stop cock, entrance into the building and access arrangements and whether any trip hazards inside were identified.
• The provider had a policy and system in place in relation to handling people's money. Care staff were required to record financial transactions made on behalf of the person. Records showed the expenditure record sheets with attached receipts were checked during the monthly audits and were accurately completed..

Staffing and recruitment
• People told us they had regular carers and they were reliable. One person said, "I have the same carer all the time and they are marvellous. [Care staff] is always on time but if there is a slight hold up they always let me know."
• Relatives told us care staff were consistent and punctual. Comments included, "It's the same small group of carers and we are happy with that" and "They are always on time and have never missed a visit. If there are any problems that hold them up they let us know."
• The provider used an electronic system to monitor care staff attendance on calls. The system could be accessed from any device and sat within the call scheduling system. Care staff used this system to log in and

out of visits.
• The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included criminal record checks of new staff and regular updates to confirm continued suitability of staff.

Using medicines safely
• Relatives confirmed they were happy with how medicines were managed. One relative said, "When the [medicines] change after [relative] has been in hospital, [care staff] are clear on their policy and everything is done safely."
• Records showed that people were supported to take their medicines safely and as they were prescribed. Peoples preferences and level of support was documented in their care records and staff followed these to meet their needs.
• Where we saw some gaps in one person's information, we discussed with staff and it was clear they knew the person well. Records were updated during the inspection to reflect this.
• Staff ensured that peoples medicines were managed with regular communication between care staff and the managers via a private messaging group. This ensured visiting staff knew when medicines were given and when prescriptions were due.
• The provider had a comprehensive medicines training package for staff new to the service. Managers ensured staff were competent to administer medicines and annual checks were done.

Preventing and controlling infection
• People and relatives confirmed staff followed infection control procedures. One person said, "[Care staff] all wear masks and gloves. They follow all the rules." A relative said, "They always have aprons, gloves and masks and dispose of them in the bin."
• Care staff confirmed they had adequate amounts of personal protective equipment (PPE) to carry out their role. Comments included, "We are given plenty of PPE; masks, aprons, gloves" and "Management always supply more [PPE] very swiftly.
• The provider had an infection control policy which gave clear guidance to staff about how to prevent the spread of infection. The provider had produced an addition to this policy in line with government Covid-19 guidance.

Learning lessons when things go wrong
• Staff were knowledgeable about the action to take if there was an accident or incident. One care staff told us, "I would report to the office immediately. I would call the emergency services depending on the severity of the incident."
• The provider had a system of recording accidents and incidents. We saw four accidents had been recorded during October 2020 and three of these had been closed with actions completed. Lessons learnt were recorded as part of the actions.

Inspected but not rated

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. We have not reviewed the rating at this inspection. This is because the inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

• Care staff understood the need to obtain consent before delivering care. One care staff told us, "Gaining consent is an ongoing process so I need to get consent from [person] each time before commencing an activity or action."
• People had signed to consent to receiving support with personal care and medicines from the provider. The provider also sought consent to carry out a care needs assessment, risk assessment, service reviews and quality assurance visits.
• Where people lacked capacity, the consent form was signed by their legal representative. For example, one person's legal representative was the local authority and they signed the consent form.
• Where people had limited capacity, the provider had best interests discussions with the person and their representatives to find the best way to keep the person safe.
• Care plans indicated if people had a power of attorney in place for health and welfare or property and financial affairs.
• At the time of this inspection there was nobody using the service who needed an application made to the court of protection to authorised their liberty to be deprived

Inspected but not rated

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 outstanding. We have not reviewed the rating at this inspection. This is because the inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us staff were caring. Comments included, "[Care staff] is marvellous and we have the same sense of humour. [They] are so kind" and "[Care staff] are very good, very personal and very flexible."
• Relatives also spoke positively about the care staff. Comments included, "The carers are very caring, thorough and conscientious" and "[Care staff] are so brilliant, it's hard to think what it would be like if they weren't here to support us."
• Staff told us they were introduced by the care manager to a new person starting to use the service, were given background information about the person and given an opportunity to read the care plan.
• One care staff explained there was information in the care plan about the person's family, likes and dislikes and, "This is useful when striking up a conversation with [them] and really helps us to get to know them better."
• Staff demonstrated awareness of equality and diversity. One care staff said, "We make sure [people] are treated equally by giving an individualised approach and respecting their faith, beliefs and what is important to them."
• Records confirmed the above. For example, a care staff member assisted one person who had become socially isolated to reconnect with a cultural group they had previously been a member of and attend their meetings. Care staff also assisted this person to sort through their belongings and re-discover memorabilia collected over the years including a family tree and items from their country of origin..

Supporting people to express their views and be involved in making decisions about their care
• People using the service and relatives told us they were involved in their care planning and care plan reviews. Records confirmed this.
• During the pandemic, the provider carried out care plan reviews, including relatives, in a virtual way through video call.
• Staff explained how they involved people in their care and making decisions. Comments included, "I offer [person] advice based on my knowledge and discuss all options with them" and "We gain their consent when decisions are being made."
• The registered manager and nominated individual explained how people were involved in making decisions. They said, "The key thing is we listen to the [person]. When we do the care plan we make sure anybody important to them can contribute."

Inspected but not rated

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 good. We have not reviewed the rating at this inspection. This is because the inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People told us their care plans were personalised. One person said, "When I had my first assessment visit, [registered manager and nominated individual] went through everything. They listened to what I wanted and discussed the kind of person that would suit me."
• A relative explained how the service provided a personalised care service. They said, "Initially when they came [registered manager and nominated individual] were great, going through all [relative's] interests etc. and they try to match [person] to the right [care staff].
• People and relatives confirmed their care plans were reviewed regularly.
• Staff understood how to deliver a personalised care service. Comments included, "Personalised care is people having the choice over the way their care is delivered" and "Personalised care is care that is centred around the person's needs and the way they wish those needs to be met."
• Care plans were very detailed, personalised and explained how the person wished to receive their care. This included the order of completion of tasks which people preferred.

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 provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
• The registered manager and nominated individual described how they met different people's communication needs. This included referring to speech and language therapy and increasing the print size in the newsletter.
• The provider had put subtitles on the training for staff with hearing impairments and had hired somebody with a hearing impairment whose responsibility was to work on the e-learning platform.

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
• People using the service told us they were encouraged to maintain their social links.
• The provider offered companionship to people as well as providing personal care. This enabled care staff to form positive relationships with people and a personalised approach.

• Staff told us they supported people with activities. One care staff said, "If doing activities with a [person] I will ask the [person] what they would like to do or give them options that they are interested in."
• People were assisted to maintain social and cultural links as detailed in their care plans, such as, attending their chosen place of worship, going for a walk, eating lunch out and weekly clubs and cultural group meetings.
• One person's care plan included care staff going out for a walk with them out every day as a way to distract them from going out unaccompanied.

End of life care and support
• The provider had an end of life policy which gave clear guidance to staff about how to support a person and their family sensitively at the end of their life.
• Care staff received appropriate training when involved in delivering end of life care.
• People who were nearing the end of their life had this documented in their care plan and when appropriate had an advanced care plan in place.
• The provider worked jointly with other professionals including palliative care nurses to ensure people were kept comfortable at the end of their life.
• Where appropriate, people had a 'do not attempt resuscitation' agreement in place on their care plans and in their home.

Good

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.

Continuous learning and improving care
• Medicines administration records were regularly checked for accuracy and there was evidence issues were actioned. We did however find some records were not accurate; the registered manager corrected these when this was raised.
• There was a process for reporting, reviewing and learning from medicines-related incidents. We looked at examples of reported incidents and found these were investigated. We discussed one incident with the manager where additional actions could be taken to mitigate any future risk.

We recommend the provider considers current guidance on checking the accuracy of medicines information on people's records and on completing and recording thorough investigations of medicines related incidents.

• The provider carried out a variety of regular checks including monthly checks of care records and financial transactions. Actions identified were recorded, followed up with the relevant care staff and signed when completed.
• Records showed the provider carried out an exit satisfaction survey with people receiving short term care at the end of their care being delivered. This meant any issues identified could be acted on to improve the service.
• Checks carried out by the provider included unannounced and announced visits to observe care staff working. The outcome of these visits were discussed with the staff member during supervision.
• Records showed the provider carried out regular telephone monitoring to check the satisfaction of people using the service with the care provided. Identified areas of concern or improvement were shared with the care staff member during supervision.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People using the service spoke positively about the leadership in the service. One person told us, "[The service] have an on call out of hours service and they always phone me back."
• Relatives told us the service was managed well. One relative said, "[Home Instead] are very well led. They are so organised. I think [the service] is well managed, caring and responsive."
• Care staff gave positive feedback about the service. A care staff told us, "I feel very supported by my managers. They are always on hand by email, phone and in person to give support and advice when needed."

• The registered manager and nominated individual told us, "We make ourselves very approachable to our staff so they feel they can come and talk to us about anything. This is flagged up at initial training."
• The provider had a reward scheme in place to recognise staff achievements. These were the 'Going the Extra Mile' (GEM) award and the Caregiver of the quarter.

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
• The provider understood their legal responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required.
• The registered manager told us, "[Duty of candour is] when mistakes happen we investigate. [We] make people aware, including the family, give an apology and explanation. [We] have to notify the CQC if any harm has come to someone."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider had a system of obtaining feedback from people using the service. People and relatives were encouraged to give feedback on the homecare agency website. One person commented, "I could not have asked for better care and attention."
• The 2019 survey analysis for people using the service showed 57% of people responded and all of them would recommend the care agency to people. All responders felt the care staff were well matched to their needs and were punctual. People and relatives.
• The staff survey analysis for 2020 showed 100% had responded. All responders indicated they were proud to work for the provider, were motivated to go the extra mile and felt valued for their work.
• The registered manager gave an example of how they were able to organise staff work schedules to fit around their cultural or religious commitments.
• The provider had regular meetings with staff. Topics included an ice breaker activity, new care staff starting, staff awards, opportunities for career development, confidentiality, log and medicine record completion and training. Meetings were followed up with a staff newsletter summarising the topics discussed.
• The provider also held regular documented senior leadership discussions to discuss the quality of care staff and updates on people using the service.

Working in partnership with others
• Care records showed the provider worked in partnership with other professionals to ensure people using the service received joined up care.
• The provider worked with the fire service and had referral forms they completed when they wished to refer people using the service for smoke alarms.
• The registered manager and nominated individual told us, "We have linked with one of the banks who were doing fraud awareness and we learnt about things we could do to make [people's] bank accounts safer."
• The provider told us they were on the ward panel with the local community, worked with the police and were linked with the crime preventions agency.
• The provider had developed a fraud awareness tool kit and shared this with Age UK.