

Ideal U.K. Limited

Home Instead Senior Care

Inspection report

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10 June 2019

17 June 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:

Home Instead Senior Care is a domiciliary care agency. It provides a range of services, including personal care, medication support, meal preparation and supports people to access the community and remain as independent as possible whilst living in their own home.

Not everyone using Home Instead Senior Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, 120 people using the service received the regulated activity of personal care.

People's experience of using this service:

Staff supported people to make significant improvements to their lives. People received individualised care and support that was responsive to their needs. Assessments focused on people's individual needs and preferences and provided information for staff about how to support people to improve or maintain their independence in their own home.

People were supported to achieve outcomes and overcome barriers to living their best lives, by staff who understood the value of person-centred care. Staff worked in innovative ways, having excellent knowledge of people in their care and adapting constantly their approach people.

People told us staff were caring and kind and talked about having close relationships and friendships with them. Care staff were skilled in delivering people's care in the way they preferred, and which improved their quality of life.

Staff understood how to keep people safe and protect them from harm. Risks to people's everyday lives had been assessed. Systems were in place to ensure people received their medication safely. Staff were recruited safely and there were enough staff to meet people's individual needs. Incidents and accidents were investigated, and actions were taken to prevent recurrence. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes.

People were assessed to ensure the service could meet their needs. Staff completed training and received support and supervision to enable them to carry out their roles and responsibilities. Staff worked well with external professionals to promote people's health and wellbeing.

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.

Staff respected people's life histories, diversity and personal preferences when delivering care. The provider

actively sought feedback from people using the service and their relatives. This information was used to develop and improve service delivery.

Staff were supported by a management team who had a clear vision for the service. Systems and processes were in place to monitor the service and identify and drive improvement. To ensure people using the service were supported in the most effective way the service worked in partnership with other health and social care organisations.

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 15 November 2016).

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

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector completed this inspection.

Service and service type:

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

The service had two managers 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. Both registered managers were present during the inspection.

Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 May 2019 and ended on 17 June 2019. We visited the office location on 22 May to meet with the registered managers and review care records and policies and procedures. We made telephone calls to gather feedback about the service on 10 and 17 June 2019.

What we did before inspection:

Before the inspection we looked at information we held about the service including; previous inspection reports, details about incidents the provider must notify us about, such as serious injury and safeguarding alerts. We also reviewed the information in the provider information return. 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.

During the inspection:

We spoke with four people using the service and six relatives to ask about their experience of the care provided. We spoke with six members of staff including the registered managers and care workers.

To gather information, we looked at a variety of records, including care records relating to five people using the service. To ensure the provider and registered manager had oversight of the service we also looked at other information relating to the management of the service.

After the inspection:

We continued to seek clarification from the service to validate evidence found. We looked at quality assurance records and received feedback from three professionals who worked with the service.

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.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training. They knew how to recognise signs of abuse and were clear about what action to take if concerns arose.
- Staff were confident in the providers ability to investigate and resolve any issues raised. A whistle blowing policy was in place and staff knew how to raise concerns with external agencies.

Assessing risk, safety monitoring and management

- Prior to using the service, an assessment of the person and their home environment was completed. This ensured staff could access people's homes safely to provide care.
- Staff supported people to live safely in their own home. Risk assessments protected people from harm and ensured staff provided care in accordance with people's needs and preferences. For example, one person had been assessed as being at risk of choking, staff were aware, and their care plan detailed how staff should support them to minimise this risk.
- Staff knew the details of people's care plans and explained how they worked alongside the registered managers to manage risks to people's health and well-being.
- Relatives had confidence in the staff and people felt safe when they received their care.
- The service had a lone working, which helped ensure the safety of both staff and service users.
- The service had a business continuity plan in place to ensure the service could continue to provide care in an emergency, such as the loss of the telephone system, power cuts or adverse weather conditions.

Staffing and recruitment

- The service had a regular, permanent staff base. This meant people were supported by staff who knew them and understood their needs and preferences.
- There were enough staff available to support people and there had been no missed visits. Relatives confirmed this and told us if staff were running late they were contacted by the office or staff member to let them know.
- The service had a robust recruitment process in place to ensure staff were of good character and had the appropriate skills to work at the service.

Using medicines safely

- The service had a policy in place for the management of medicines. Service users who were supported with medication had appropriate risk assessments in place.
- Before administering medication, staff completed training and had their competency assessed to ensure

they had the skills and knowledge to support people safely.

- Staff used an electronic system to record when they had administered medicines. This was monitored by the registered manager and provided them with a continuous oversight.
- Records showed where concerns had been identified; prompt action was taken to address them such as staff supervision sessions and additional training if required.

Preventing and controlling infection

- Staff had completed training in infection control and understood their responsibilities to prevent the spread of infection whilst working between people's homes.
- Staff had access to personal protective equipment to safeguard themselves and people from the risk of infection.

Learning lessons when things go wrong

- Systems were in place to monitor, respond to and record accidents and incidents. Records showed the registered manager had taken appropriate action to address issues, mitigate the risk of reoccurrence and to develop and improve the service.

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.

Good: 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

- Staff involved people and their relatives in the assessment and review of care plans.
- Staff followed the guidance in support plans which were designed to ensure the needs of people were met appropriately.
- Care plans contained information about people's social and cultural needs. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff had the necessary skills and support to meet people's needs.
- Staff were positive about the training they received. They were able to request additional training if they felt it necessary and records showed the provider supported staff to study for advanced health and social care qualifications.
- The registered managers supported staff and promoted their professional development. Annual appraisals of staff performance and regular planned supervision sessions were completed.
- Staff received feedback on their progress and had their competencies reviewed through spot checks. This is when a senior member of staff observes a staff member working in someone's home.
- New staff members completed an induction and training programme when they joined the service. This included working alongside more experienced colleagues before they provided care for people. One new staff member told us, "The induction was great. I felt prepared. Every time you go out you learn something."

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

- Where the need had been identified, staff supported and encouraged people to eat and drink. Staff explained how they encouraged people with a poor appetite to eat and drink by talking about what they liked to eat and providing food of their choice.
- Meal preparation and meal times were used as a way of preventing social isolation. Staff were encouraged to eat with people and cook from scratch when possible.
- The provider had produced an information leaflet for people advising them about healthy eating in older age.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with health and social care professionals to ensure people had access to the support they needed. This helped people to maintain their health and well-being.

- One social care professional who had worked with the service commented, "We have a common passion and empathy for the frail and elderly and all those with dementia and Parkinson's and this shines through in all they do."
- Guidance and advice about people's healthcare needs was documented in their care plans.

Supporting people to live healthier lives, access healthcare services and support

- Staff had established effective working relationships with external agencies, such as the district nurses.
- Information about people's healthcare needs was documented in their care plans. Staff had access to important information such as the person's date of birth, GP and next of kin contact details.
- Staff supported people to attend medical appointments. Staff knew what action to take if they were concerned about someone's health and responded promptly to changes in people's health needs. Referrals had been made to specialist healthcare professionals, including the district nurses, occupational therapists and mental health team, for additional advice and support.

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 with appropriate legal authority.

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

- Staff had completed training to enable them to understand their roles and responsibilities to ensure people were supported to make choices about how they wished to live their lives and how to apply the principles of the MCA in their daily work.
- One staff member told us, "I assume everyone has the capacity to make their own choice. Sometimes they may need guidance but that's where the relationship comes to the fore. Once you get to know people they trust you and have confidence in you and it works. We work in the best interest of people to keep them as independent as possible but keep them safe."
- When we spoke with the registered managers it was clear they understood their responsibilities under the MCA and around protecting people's rights. However, decision specific mental capacity assessments were not clearly presented in people's care plans. We discussed this with the registered managers who assured us this would be promptly addressed.
- Care records included information about who had the legal right to make decisions on people's behalf, such as whom they had appointed as their Lasting Power of Attorney (LPA). An LPA is a legal document that allows a person to appoint someone to help them make decisions or to make decisions on their behalf. It gives the person more control over what happens to them if they have an accident or an illness and cannot make their own decisions.

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.

Good: 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 told us staff were extremely caring and kind and talked about having close relationships and friendships with them. Comments included, "They are not like carers they are more like friends. We always have a good chat and a laugh," "They do look after you very well. I would recommend them to people," "Very kind. I've never had any problems." And, "The carers really care. It always feels as though they are happy to be here and look after [relative]."
- People received care from staff who knew and understood them and with whom they felt comfortable. Staff told us they had established "positive" and "meaningful" relationships with the people they supported. One staff member explained how they supported a person to seek medical advice after they had confided in them when they had found lump in their breast.
- Another staff member told us how for several years they had supported a person with a mental health condition. The person has had periods of time when they have required an inpatient admission, during this time the staff member continued to visit them to bring in their mail and support them at meetings to plan their future care.
- Care plans contained information about people's life histories and hobbies and interests. They also provided information for staff about how to support people in their own home and improve or maintain their independence.
- One of the registered managers told us finding the right care giver for someone was an important part of the initial assessment process. They explained how they took into consideration people's age, interests and cultural needs. For example, one service user did not have English as their first language, a staff member who spoke the same language visited to speak with them in their native language.
- One of the registered managers said, "What is unique to us is that our staff look after people like they are their family." They praised the commitment of staff and the lengths they went to ensure the delivery of high-quality care and gave examples of occasions when staff had gone 'above and beyond' to ensure they met people's needs. For example, when adverse weather conditions had prevented staff from being able to use their cars, one staff member of staff had walked to all their clients and got their shopping.
- Several relatives had written to the registered managers praising staff for the level of care provided. Comments included, "You have really helped us as a family as I was struggling to cope not having enough hours in the day and your suggestions with [relatives] care have really helped [them] too. The care givers have also done a marvellous job and truly gone above our expectations." Another said, "[Staff member] exemplifies all that is best in care, attending to [person's] physical needs with intelligence and devotion but

also providing companionship, friendship and fun. No task is too demanding."

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

- The service used new forms of technology to support people and ensure they could remain living in their own home. For example, staff used assistive technology to prompt people to eat and drink in between visits and to promote mobility. Some people using the service were living with dementia or short-term memory problems. The service had supported people to install sensors which enabled staff to monitor people's movement around their home and highlight any concerns such as if the front door was left open for a prolonged period or if household appliances such as cookers or kettles were repeatedly used or left switched on.
- The registered manager explained how the service had supported people from different faiths. For example, by staff supporting them to attend religious ceremonies and places of worship.

Respecting and promoting people's privacy, dignity and independence

- Staff completed training to ensure they understood how to respect people's privacy, dignity and rights.

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 remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Before using the service, people were assessed to ensure the service was able to meet their needs. Care plans showed, whenever possible, people and their relatives were involved in planning their support. Feedback from relatives included, "Absolutely delighted, very happy with the care. They are lovely and capable. We feel included in every step of the way and couldn't think of a better group of people to support [relative] now."
- Care plans were reviewed annually or more frequently if a person's needs changed.
- Assessments focused on people's individual needs and preferences. They provided information for staff about how to support people to improve or maintain their independence in their own home.
- Care notes were recorded by staff in real time via an application (or app) on their mobile phones. The app enabled each staff member to access the care plans and risk assessments of each person they supported. They were able to read these during visits to ensure they knew exactly what support the person required. They were also able to update care records in real time, and these could be checked by the office staff. This helped ensure any concerns or errors could be quickly identified and rectified. This also meant that records were 'live' and always up to date. For example, on one occasion a person was not at home when staff arrived for their visit. Staff were able to use the app to read the daily notes from the previous day which identified they had run out of a household item. Staff knew where the person usually shopped so were able to locate them and let the family know they were safe.
- Another person with diabetes tests their own blood sugar level whilst staff are present. This is recorded in their care plan, because the office staff can monitor this via the app they are able to contact the district nurse directly if the levels are high. On another occasion a person's the care manager completed a joint visit with an occupational therapist to review a person whose mobility had declined. During the visit they were able to update the care plan to inform staff of the changes made and staff monitor the persons progress and the impact the changes had made.
- Where appropriate relatives were also able to use the app to be kept up to date on people's daily progress.
- People were supported to achieve excellent outcomes and overcome barriers to living their best lives, by staff who understood the value of person-centred care. All care interventions supported people to achieve their goals. One person living with anxiety and who was socially isolated when the service began, now attended a variety of social clubs and applied for employment and had daily visits reduced to one a week.
- Care staff's person-centred recovery approach meant that people regained control and confidence over their lives. One person described the positive impact that staff had on their recovery following a hospital admission. Their visits had reduced from several to one visit a day. They told us, "Really it's thanks to the girls that I have done so well. To begin with I couldn't get about or do much at all and I was really fed up. But

now I can get about and only need help with a few things."

- Care staff were very positive about the service and the core values placed people goals and needs at the centre of care provided. One staff member told us, "The whole ethos of the company is empathy, person centred care. The person comes first. That's evident throughout the company, we share a likeminded concept of what care should be."
- Relatives confirmed what staff and people felt about care provided. One relative told us, "[Person] really looks forward to their visits. The girls allow [person] to achieve his goals encouraging him to do more for himself."
- Staff worked in innovative ways, having excellent knowledge of people in their care and constantly adapting their approach people. This supported people's choices and preference and encouraged them to pursue those things that were important to them and their wellbeing. One staff member said, "Care workers build up really good relationships with the people they look after. They often go above and beyond to make sure people receive care that is fulfilling and personalised."
- The service recognised the importance of supporting people to maintain relationships and access the community. They went out of their way to ensure people were supported around significant events that affected their well-being. For example, on their wedding anniversary staff had supported a person to visit their spouse who lived in a residential care home. On another occasion, staff had supported a person to attend a family funeral. The service had also offered a monthly drop-in support group for service users and their relatives. This had enabled people to develop support networks and prevent social isolation.

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.

- Support plans provided guidance to staff on how to support people's individual communication needs. This meant staff communicated with people in a way that best suited them. For example, a person using the service was non-verbal and used body language to communicate. Their care plan contained clear guidance for staff about how to communicate with them in order promote their independence and give them choice.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint or raise a concern. When people first started using the service they were provided with a handbook which clearly outlined the process to follow.
- Systems continued to be in place to acknowledge and respond to complaints.

End of life care and support

- At the time of the inspection, nobody using the service was receiving end of life care.
- Where the service had previously supported people at the end stage of their life, staff worked alongside other healthcare agencies to ensure they received appropriate care.
- The service had recently employed a senior care worker specifically to support people receiving palliative care. The member of staff had completed an advanced qualification in end of life care and was using their increased knowledge to support and develop the skills of their colleagues.

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.

Good: This meant people's needs were met through good organisation and delivery.

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

- Overall there was positive feedback about the registered managers from staff, people and relatives. Comments included, "The registered manager is friendly and approachable." And, "I've enjoyed every minute of working here. It's a people driven business, built on relationships and that's the key to making it work." And, "Brilliant, always available, really nice having the back up when needed."
- The provider had established a telephone help line which offered free advice and support to staff in areas including finance and counselling.
- The management team understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider was working in accordance with this regulation within their practice.

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

- The provider had a clear vision for the development of the service and placed personalised care at the focus of the service.
- The registered managers were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). The Commission uses this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- Staff felt valued and there was the opportunity for staff progression within the service.
- People using the service, staff and relatives were given the opportunity to provide feedback on the service through an annual survey. The information received was collated and fed back by an external source. From this the registered managers collated an action plan to address any common concerns. For example, the implementation of the electronic care plan system was a result of concerns raised about communication at the last annual survey.
- People using the service, or their relatives were contacted every three months either in person or via the telephone by the quality assurance team to ensure their needs were continuing to be met.
- Staff also had the opportunity to contribute to the development of the service and engage with the

registered managers through regular staff meetings.

- Relatives and staff told us the registered managers had an 'open door' policy and they were able to speak to them on an informal basis if the need ever arose.
- The registered managers acknowledged staff performance through the nomination of the star of the week, the winner of whom was able to spend time at the services beach hut. Each month service users and other staff members were also able to nominate staff who had gone above and beyond for the star of the month award.
- Relatives had access to the app staff used to record people's daily progress. The records were 'live', this meant they were kept informed about changes in people's needs, or any concerns about their health and wellbeing. The system provided the registered managers with a clear oversight of the service and meant any concerns could be quickly highlighted and addressed.

Continuous learning and improving care

- Systems and processes were in place to monitor the service and identify and drive improvement.
- Audit results were monitored by the provider who undertook their own quality monitoring every six months.
- The registered managers met with other registered managers working for the provider for support and guidance and to share best practice.

Working in partnership with others

- To ensure people using the service were supported in the most effective way the service worked in partnership with other health and social care organisations. The service had a strong community involvement for example, they formed part of the East Herts Dementia Action Group. This involved them working with the local council, other domiciliary care agencies and community representatives with the aim of sign posting people to activities and support available for them in the community. One social care professional involved in the action group commented "The council values this partnership greatly and the contributions from the [registered manager] has been invaluable to the establishment of East Herts Dementia Action Group."
- The registered managers had met with the local MP to discuss issues including dementia care and local employment and what the service was doing to support this.
- The service was also working alongside local healthcare professionals on a project to reduce GP visits and prevent hospital admissions.