

RJ Care Services Limited

Home Instead Senior Care

Inspection report

87 Main Street
East Bridgford
Nottingham
Nottinghamshire
NG13 8NH

Date of inspection visit:
24 June 2019

Date of publication:
29 July 2019

Tel: 01949480480

Website: www.homeinstead.co.uk/eastnottingham

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own homes in the east Nottinghamshire area. There were 42 people using the service at the time of the inspection. The service supported older people, some of whom were living with dementia.

People's experience of using this service

At our previous inspection we found staff to be exceptionally caring and committed, and were led extremely well. At this inspection this continued to be the case.

People were provided with an exceptional, caring and consistent service. People described the service they received in outstanding terms and staff displayed dedication and commitment to their work. People decided what care and support they needed which was provided in a manner that valued and respected each person who used the service.

People gave numerous examples of staff going above and beyond their duties to ensure their experience of Home Instead was exceptional. Relatives and external professionals agreed.

Continuity of care remained outstanding and a key strength, with all people confirming they always received a visit from someone they perceived as a friend. Staff turnover was extremely low and use of agency staff never occurred.

The service was led distinctively and with a passion for making a difference in people's lives. Staff were extremely well supported and empowered to make those differences.

The leadership engaged positively with a wide range of external stakeholders, in order to meet people's immediate needs but also to broaden understanding in the community about living with dementia.

People told us that they felt safe with the staff who supported them. Staff were knowledgeable about the action they would take if abuse was suspected.

Rota planning was effective and arrangements were in place to prevent delays and missed calls.

People were supported to maintain healthy lifestyles through the provision of information, access to a range of external services and help with day to day tasks such as preparing meals.

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 visits were at least an hour long which helped enable staff to provide person-centred care which was responsive to people's needs.

Staff received training relevant to their roles and ample professional support.

Care planning was comprehensive and peoples likes and dislikes always considered.

A range of audits at local level and by the provider's national quality assurance team helped ensure quality standards were high and people remained safe. Our findings at this inspection confirmed that an effective quality monitoring system was in place, locally and from the national provider. The service was run extremely well as a franchise of the national organisation. It used that national support in place to good effect and also had its own distinctive approach to building bonds and rapport with people.

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

Rating at last inspection

Outstanding (last report published 6 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

Home Instead Senior Care

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. 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

The inspection was carried out by one inspector and one 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

The service is a domiciliary care agency. It provides personal care to people living in their own home. Not everyone using Home Instead Senior Care receives a regulated activity. The Care Quality Commission (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 take into account any wider social care provided.

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 48 hours' notice of the inspection visit. We needed to be sure the registered manager would be at the office.

Inspection site visit activity started and ended on 24 June 2019. We visited the office location on 24 June 2019 to see the registered manager and office staff and to review care records and policies and procedures. We spoke with people and relatives on 24 June 2019.

What we did before the inspection

We reviewed information we held about the service. We contacted the local authority contracts and safeguarding teams for any information they held about the service. We used their feedback to inform the

planning of this inspection.

The registered manager completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with seven people, five relatives, the director, registered manager, training manager, recruitment officer, care co-ordinator and three care workers. We looked at three people's care plans and information relating to staff training, medicines management, rotas, recruitment and the management of the service.

After the inspection

We contacted three external health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our previous inspection we rated this key question as good. At this inspection the key question has remained good. 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 help make sure people were safeguarded from the risk of abuse.
- People told us they felt safe with the staff who came into their homes. One person told us, "We always know who is coming and we trust them 100%."
- Staff were knowledgeable about what action they would take if abuse was suspected. They demonstrated a good awareness of the risks some people could face, such as self-neglect or falls. They said they would have no hesitation in reporting any concerns to their manager.
- The registered manager worked proactively with the local authority to share information that may help people more at risk, for instance information about how to identify bogus callers.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were fully assessed and monitored to help ensure people's safety. Staff used comprehensive knowledge of people's needs and preferences to minimise risks. For instance, where a person was at risk of self-neglect, working with their relatives to help reduce risks, such as redirecting their post.
- Accidents and incidents were recorded and analysed to highlight if there were any themes or trends so action could be taken to reduce the risk of any reoccurrence.
- The registered manager had reflected on an incident whereby a person had to stay on the ground for longer than was safe or dignified after a fall. They had since sourced a 'Raizer' chair for the service. This is a chair which helps safely lifting a person to a sitting position when they have fallen.

Staffing and recruitment

- Recruitment procedures remained in place to help ensure suitable staff were employed.
- Rota planning was well managed with travel time built in to ensure people were not put at risk due to staff being late.
- Out of hours arrangements were in place should staff require extra support.

Using medicines safely

- Medicines were managed safely and in line with current good practice.
- Regular audits were in place, alongside refresher training and competence assessments of staff.
- The provider was trialling an electronic medicines administration system at the time of inspection. This was not working effectively due to poor internet coverage in some areas. The provider ensured there were duplicate paper records during this testing phase to keep people safe.

Preventing and controlling infection

- People were protected from the risk of infection. Staff used gloves and aprons to help prevent the risk of cross infection.
- Spot checks also ensured staff were adhering to safe infection control procedures.

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 remained 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

- People's needs were assessed promptly and in line with best practice guidelines. Staff understanding of care practices and principles were in line with current good practice.

Staff support: induction, training, skills and experience

- People were cared for and supported by staff who were suitably skilled, trained and supported.
- There was a training programme in place, including completion of the Care Certificate. Staff completed face to face and online learning.
- Staff told us courses they had completed regarding dementia awareness and sensory deprivation were particularly helpful.
- Staff were encouraged to increase their skills by completing courses of interest to them and of relevance to people's needs. For instance, they had access to additional online training via a college.
- An effective supervision and appraisal system was in place. Staff told us they were well supported to carry out their duties.

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

- Staff were knowledgeable about people's nutritional needs and helped people to prepare meals.
- People were supported to eat and drink enough to maintain their health and wellbeing.
- Care plans included information about people's dietary requirements and their likes and dislikes.

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

- Staff supported people to access healthcare services. One person said, "When I needed a nurse they spotted it and made sure they were here quickly."
- The provider had in place a range of corporately produced literature designed to help inform people about how best to remain healthy. For instance, '5 Ways to Prevent Hospitalisation' and 'Stand Up to Falls'. These were informed by good practice and staff demonstrated a good awareness of the content.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, applications must be made directly to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought in line with relevant legislation and guidance.
- People told us that staff asked for their consent before carrying out any care.
- People made their own choices whenever possible.

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. At this inspection the key question remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- People continued to receive support and care from exceptionally motivated and caring staff, who regularly went the extra mile for people and to make a difference in their lives. Examples were commonplace, for instance one staff member taking a person to their own home, where they had a piano, so that person could experience playing the piano again. Another member of staff picked up a person and brought them to their house for Christmas meals, as they had no close family. People said, "They are absolutely brilliant," and, "Yes by golly they always draw attention to things and they do absolutely go above and beyond." People gave examples of when staff had come back to see them after finishing their shift to check they were well - one of many examples they defined as 'above and beyond'.
- As at the last inspection people's anxieties were significantly reduced by the comprehensive introductions they received and the continuity of care in place. This was underpinned by the provider's policy of having calls last no less than one hour. One person said, "It's such peace of mind knowing it's a friendly face coming."
- This contributed to people becoming more independent once using the service. One external professional said, "One lady was very nervous and lacked confidence to engage so separate activities were organised for her to reduce stress levels – this was certainly above and beyond what I expected." One person had lived at the same house for several years and was reluctant to accept help such as walking aids and sensor equipment. Over a period of months staff encouraged them to try different equipment, with the outcome that they were eventually extremely pleased with the support in place and able to continue living at home.
- People and relatives continued to speak extremely positively about how staff enabled and empowered them. One person said, "They respect me and don't nanny me. If there are ways of doing things to make it easier for me they make suggestions. I have got 100% confidence in that whatever I need they will always help me. They are fantastic." Feedback from external healthcare professionals was similarly impressive. One told us, "I must say I was thrilled with the care provided, excellent service from initial enquiry to the end of the programme, I cannot fault anything. It's absolutely excellent: five star."

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback was uniformly outstanding about the care provided and the relationships formed. People consistently likened care staff to friends or relatives. One relative said, "They talk like long lost sisters." One person said, "They can't do enough for me and I love the time we have together."
- Staff spoke in a caring manner about the people they supported. They demonstrated genuine warmth and compassion for, and an interest in, the people they cared for. One said, "We are conscious that the time we get is not just to get jobs done, it's to make that person's time with us special and memorable – we might be

the only person they see that day and that's an important position to be in." Another said, "You get to know people at their pace and you are not rushed. We are encouraged to get to know people and for them to look forward to our visit – that's how it should be."

- Staff talked about caring for people like members of their family and all would be happy for relatives to use the service because of the standard of care provided. All staff confirmed the provider was a caring one. All gave examples of where leadership staff had helped either to cover a call at late notice, or to give them support regarding non work-related issues they may be having. The registered manager had recently completed a counselling course to better enable them to respond to staff concerns about their wellbeing, should they raise any.
- The provider continued to ensure new staff had values similar to theirs. They did this by asking specific questions about people's values at interview and ensuring staff completed a rigorous induction and shadowing period before supporting people.

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

- Staff continued to support people to express their views and be actively involved in making decisions about their care. People were encouraged to regularly provide feedback about staff and, where appropriate, to celebrate their good work. People regularly completed these feedback forms and the content was consistently exceptionally high.
- Care plans were written with people and, where appropriate, their relatives.

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. At this inspection the key question remained 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

- People received personalised care which was responsive to their needs. One relative told us, "I miss them when they're not here. They know all my little ways now." People and staff agreed the length of time of each call enabled care to be provided in a person-centred way. One person said, "Oh yes, if something doesn't work and I ask she will say oh I will fix that don't worry about it."
- Care plans documented people's life histories, likes and dislikes and how they preferred their care to be provided. Reviews were carried out regularly. One relative commented, "The manager and her assistant often drop in to check everything is going good. They are informed and it just keeps you in touch with people."
- People's social needs were met where this was identified as part of their care plan. People were encouraged to continue pursuing their interests or try new things. This included, for example, trips to local shops and bakeries, and attendance at choir sessions and other musical events.
- The provider produced template literature for each franchise to use, such as the 'What's on Where' guide. This had been completed by staff and contained a wealth of information about local events and activities based on staff local knowledge.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. A sample of responses demonstrated these had been considered and responded to in line with the provider's policy and procedures.

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 registered manager was aware of, and acted in line with, the Accessible Information Standard (AIS).

- Where one person had sensory impairments staff underwent additional training before supporting them, to ensure they understood how best to communicate with the person and what tools and symbols to use.
- Care plans contained information about people's communication requirements.

End of life care and support

- Staff received end of life care training.
- The registered manager and the training manager were planning to complete 'Train the Trainer' training regarding end of life care so they could increase their knowledge in this area and share with staff.

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 our previous inspection we rated this key question as outstanding. At this inspection the key question remained outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others; Continuous learning and improving care; 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

- The service continued to work exceptionally well with external health and social care professionals to ensure people received joined-up care, but also to raise awareness. For instance, the service facilitated a range of dementia awareness sessions for relatives and people living with dementia, so that they had a better understanding of what may happen in the future. The director regularly visited external venues such as banks to give talks on dementia awareness.
- Since the last inspection the provider had taken steps to ensure the high standards of care were sustainable, for instance employing a training manager/deputy and implementing champion roles. These roles enabled staff to meaningfully develop their skills and knowledge and have an impact on people who used the service and more widely. For instance, the dementia friends champion was responsible for delivering training to new staff and now ran the memory café, which the service had started in the past year. This saw good levels of attendance from a range of people in the community and helped raise awareness of dementia and practical support and advice for people.
- The service was seen as a leader in home care in the area and continued to demonstrate an exemplary approach to working with others to ensure the wider community gained an understanding (and was able to celebrate) the lives of people living with dementia. For instance, academics at a local university had sought advice from the service regarding their approach to home care and used this as part of a recent study.

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

- The service's ethos remained focussed on changing the perception of elderly care; staff at all levels proactively continued to do this and impressed people who used the service and external professionals alike.
- Representative comments from external professionals included, "Home Instead have engaged further with our organisation by attending our Mental Capacity Act Forum, enabling a better understanding of Mental Capacity, the Act and what it means for safeguarding and liberties. They show a willingness to learn and ensure the very best is delivered by their company, hats off for being so proactive, we normally find it very difficult to encourage attendance from care companies."
- There was a continued sense of pride from staff in their caring roles and in working for the organisation

which supported them to do so. One staff member said, "It's given me a new lease of life too. It is completely about the relationships you build, not the tasks."

- All staff passionately advocated for people who used the service and celebrated what they could do rather than focus on any limitations.
- Staff morale was extremely high and turnover extremely low; staff were valued for the contribution they made to people's lives and the reputation of the organisation. One staff member said, "It's a learning, caring culture."

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

- A system was in place to ensure people, relatives and staff were engaged and involved in the service.
- Surveys were carried out to obtain feedback from people, relatives and staff. Feedback was consistently exceptional. People had also nominated care staff for awards by filling in the service's 'Outstanding Recognition' form. People were encouraged to celebrate positive experiences of care and also to raise any queries or concerns; the culture was open and inclusive.
- All people we spoke with and their relatives praised the standards of communication from office staff. One person said, "I have never had to wait for anything – there is always someone at the end of the phone."