REHB Limited

Home Instead Senior Care Horsham

Inspection report

Unit 15 Graylands Estate
Langhurstwood Road
Horsham
West Sussex
RH12 4QD

Date of inspection visit:
14 December 2018
08 January 2019

Date of publication:
28 February 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Home Instead Senior Care Horsham is a domiciliary care agency registered to provide personal care to people living in their own houses. It is registered to provide care to older people, including people living with dementia and physical disabilities.

Not everyone using this service receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, which means help with tasks related to personal hygiene and eating. Where people receive personal care we also take into account consider any wider social care provided. At the time of our inspection the service supported 23 people with their personal care needs.

This comprehensive inspection took place on 14 December 2018 and 08 January 2019 and was announced.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

At this inspection we found the service remained Good.

Home Instead Senior Care Horsham had a registered manager who had been in post with since 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People continued to be protected from avoidable harm. There was a safeguarding policy and staff received training. Staff knew how to recognise the potential signs of abuse and knew what action to take to keep people safe.

People continued to feel safe. One person told us, "They are very careful with me, I trust them." Risks to people and the environment continued to be assessed and staff understood how to manage risks to help ensure people were safe. People continued to be supported to receive their medicines safely by staff that were trained in administering medicines.

People continued to be supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff understood best interest decision making where people lacked capacity in line with the principles of the Mental Capacity Act 2005. Staff sought people's consent before giving personal care.

People continued to be supported to maintain their health and had assistance to access health care

services when they needed to. One person told us, "On one occasion I was poorly, they called an ambulance … I trust them."

People continued to be supported to remain engaged in activities and interests. People continued to be supported to maintain relationships with people who were important to them. Staff knew the people they looked after well. One person said, "They know my likes and dislikes." Concerns and complaints remained well managed and were responded to.

People continued to receive compassionate care from staff who were kind and caring. One person said, "I feel at home with them." Staff said they enjoyed working for the service and felt supported by the registered manager. A staff member said, "The support is incredible."

The service continued to be well-led. The registered manager was engaged in the day to day running of the service and proactively looked for ways to improve on a continuous basis. One person said, "It's a very well managed service." People, staff and relatives remained engaged and involved in the service provided. A member of staff said, "There's a positive atmosphere, I can always ask questions."

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Home Instead Senior Care Horsham

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 14 December 2018 and 08 January 2019. Due to unexpected circumstances on behalf of the Care Quality Commission (CQC) we were unable to complete the inspection immediately after the first day. The inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has a personal experience of using or caring for someone who uses this type of care services. On the first day of inspection the expert by experience made telephone calls to people who use the service, and the assistant inspector spoke to care staff. On the second day, the inspector visited the office premises to undertake the inspection with the management of the service. The inspection was announced. We gave the provider 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure the manager, staff and people we needed to speak to were available.

Before the inspection we reviewed information we held about the provider including any notifications that we had received. A notification is information about important events which the provider is required to send to us by law. We contacted other health and social care professionals who have experience of the provider to obtain their views. We used the information the provider sent us in the Provider Information Return. 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.

During our inspection we spoke with seven people who used the service and one relative. We looked at five care plans and we visited one person in their home to pathway track their care. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.

During the inspection we spoke to the registered manager, the recruitment and retention manager and six staff. We looked at a range of documents including policies and procedures such as safeguarding, incident and accident records, medication protocols and quality assurance information. We looked at complaints and compliments and feedback from people who used the service. We reviewed four staff files including information about recruitment and training.

Good

Is the service safe?

Our findings

People continued to have confidence in the staff caring for them and they told us they felt safe. One person said, "The staff are very careful with me when helping me." A relative told us the staff, "Give me peace of mind."

People continued to be protected against the risks of potential abuse. Staff understood safeguarding adults' procedures and what to do if they suspected any type of abuse. Staff could recognise the signs of potential abuse. One staff member said, "It's about protecting clients, from themselves sometimes and from other things that could harm them." Staff described how they would report the matter to the registered manager in the first instance, but would not hesitate to report to an outside agency if they felt action was not being taken. A safeguarding policy and whistleblowing policy were available to staff. Staff had received safeguarding training and referrals had been made appropriately.

Risks to people's safety continued to be assessed and detailed care plans were in place to guide staff on how to mitigate risks and provide care safely. The provider used a "Needs Assessment" to identify risks to people across a range of support criteria, such as speech and swallowing, skin conditions, allergies, and medication. Where risks were identified from the initial assessment, a further risk assessment was undertaken and where appropriate specialist advice was followed. For example, one person had suffered a stroke and needed support to move around safely. The care plan provided staff with guidance on how to keep the person safe, including information provided by the person's physiotherapist.

Risks associated with the safety of the environment were identified and continued to be managed appropriately. Environmental risk assessments were undertaken in people's homes to prior to receiving care to ensure their safety. This included a range of checks, for example making sure floors and walkways were safe and free from trip hazards. Risks associated with lone working was also considered to keep staff safe. The registered manager ensured up to date risk assessments and safety checks were in place for the office premises.

The provider had safe recruitment processes and continued to ensure new staff were suitable to work with the people. Staff files included previous work history and written references from previous employers to assure themselves of a candidate's suitability. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

There were sufficient numbers of staff to keep people safe. The provider employed a recruitment and retention manager who was actively involved in the ongoing recruitment of staff. One staff member said, "We have plenty of staff. We all do our little bit to work together." People told us they did not feel rushed during their care visits. The provider operated an on-call system and staff told us this was effective when they had concerns about people's safety. For example, one staff member told us about a person they had concerns about. They contacted the on-call manager and said, "The registered manager and recruitment manager were there within ten minutes. The person ended up going to hospital. They took all the worries

away from me, and the couple that I was caring for."

People continued to receive their medicines safely by staff who were trained and competent to do so. There was guidance for administering medications 'as and when'. There was detailed guidance in people's care plans to support staff to administer their medicines safely. Medicine Administration Records were correctly recorded. Risk assessments for people who needed support with their medication were detailed. This included where people self-administered their medicines. Management of medicines was regularly audited. This meant people were supported to receive their medication safely, on time and it was recorded correctly.

People continued to be protected by the prevention and control of infection. Staff received training and people told us that staff used Personal Protective Equipment (PPE) such as gloves and we observed this in practice. People told us, "They always think ahead… and wash their hands regularly" and "the carers follow a set procedure."

Lessons continued to be learnt from accidents and incidents. There was a system in place to record accidents and incidents with information about what had happened, and any action taken to prevent a further accident, as far as possible. For example, following a regular medication audit, the registered manager increased supervision time to include a medication competency check for all staff in the form of a training exercise and discussion to reduce recurring errors. Staff told us this improved their practice. One staff member said, "The training is very good. I've recently been on refreshers for medication." The registered manager favoured a culture of continuous learning where incidents were identified, they were logged and communicated to staff immediately to ensure issues "were not lost." The registered manager routinely asked staff to always be looking for new ways to improve. Staff told us they had meetings when changes were needed. One staff member said, "We communicate regularly, and support each other."

Good

Is the service effective?

Our findings

People continued to receive effective care and support from staff who were well trained. New staff completed an induction and had competency checks followed by a period of shadowing experienced staff. The registered manager told us new staff started on companion visits before providing personal care to people. The provider took a "blended" approach to training which had a person-centred focus. For example, staff underwent scenario training to help them understand the physical challenges faced by older people. Staff had a better understanding of how to support older people's needs.

Staff had access to a range of training opportunities that supported them to care for people's specific needs, such supporting people who lived with dementia. One staff member told us how this had helped them in their practice, "From the dementia training I now go into people's houses and make sure I don't bombard them with too much information all at once." Another member of staff said, "We covered looking after people with dementia, we learnt it was importance they still had their independence." The registered manager identified new training requirements based on the people the service supported. For example, the registered manager had identified the service was supporting several people with swallowing difficulties and was exploring training for staff from specialist speech and language therapists.

People's needs and choices continued to be assessed before people used the service and regularly thereafter. People's care, treatment and support continued to be delivered in line with current legislation and standards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the provider was working within the principles of the MCA.

Care plans remained sufficiently detailed with respect to MCA and included whether people could make specific decisions for themselves. Where people had capacity to make decisions for themselves, they were supported to be engaged in their care. Consideration was given to whether people were supported by others to make decisions, such as an advocate or a person with legal authority to do so. One staff member told us, "Family are always kept informed if they have power of attorney." Where people's capacity fluctuated, staff were encouraged to support the person to maximise their decision making. MCA training formed part of mandatory training and staff understood the principles of the MCA.

Staff continued to seek consent before providing personal care. One staff member said, "I will always ask for consent throughout the process of personal care, continuously, just by asking." Another staff member said, "I have a client who we try and help get out once a week. If she says no, it's a no. But we do encourage her, it's completely up to her though."

People continued to be supported to maintain a balanced diet. Where the service supported people with eating and meal preparation, this was detailed in their care plan. One person had complex needs and was at risk of choking due to difficulties with swallowing. Their care plan contained a risk assessment and

instructions from speech and language therapists to ensure staff supported the person when they were eating and encouraged them to chew their food. People were encouraged to remain independent. Another person who had support with meal preparation told us, "I prepare the veg, the carer's cook the food."

People continued to be supported to maintain good health and received on-going healthcare support. People had access to care, support and treatment in a timely way and the provider liaised appropriately with relevant professionals when people's needs changed. For example, we saw people received support from occupational therapists, speech and language therapists, and GPs.

Staff continued to work well together to deliver effective care to people. Updates to care plans or changes to people's needs was regularly communicated between staff and the office. One staff member said, "When an idea comes to me from the care givers we feed them back to the rest of the team and the managers."

The registered manager continued to ensure staff received appropriate professional development and supervision to meet the needs of the people they cared for. Staff told us they felt supported by the registered manager. One staff member said, "If I have a problem, I just phone or email them and its normally dealt with straight away. I don't feel like I'm on my own." Another staff member said, "We do meet quite regularly."

Good

Is the service caring?

Our findings

People continued to receive kind and compassionate care and staff had developed positive relationships with people. One person said, "I feel at home with them, and have built up a good relationship." Another person said, "The carers take time to talk to you." We observed warm, friendly interactions between people and staff and there was laughter and genuine affection between staff and the people they cared for. One person told us they felt well looked after, "Very good, very helpful. They meet all my needs, no grumbles." One staff member said, "All of our visits are a minimum of an hour long. I'm never rushed, which is nice for the person. I've built up really good relationships with my clients. If I'm off a day, I'm always thinking about them and hoping that they are ok."

Care plans were detailed about people's life history, preferences and personalities. Staff spoke affectionately about the people they cared for and knew the people they looked after very well and could anticipate their needs. One staff member said, "You have time to spend quality time with the client. I've been looking after this person for 18 months now and we have built a relationship." A relative told us that the provider gave "peace of mind."

People told us they continued to be treated with dignity and respect. One person told us, "I'm treated with dignity, no complaints at all." Other comments people made included, "They do everything a daughter would" and "They are very kind and caring, I usually have the same carer." Staff called people by their preferred name and maintained people's dignity during personal care. One staff member said, "For dignity, when they are getting undressed, we cover them with a towel. What I tend to do is have a conversation about it with someone."

People's well-being and happiness continued to be promoted. The risk to some people of experiencing social isolation was recognised by staff and addressed where it could be. The registered manager had organised a Christmas gift box for people which included a bauble for the tree, toiletries and a biscuit selection. Records showed that this was appreciated by people. Staff told us about signposting people to different groups and charities they can contact for support. One staff member said, "We always suggest Age UK groups, and any suggestions taking into consideration people's interests and experiences. I know the NHS does a phone service, but mainly something they would enjoy. I sometimes go to Age Concern with a client and we go on a lunchtime."

People's differences were respected and they were supported to maintain their identity and personal appearance in accordance with their own wishes. Care plans included people's preferences. One staff member said, "We get a care plan that says where they worked, what they did, what their hobbies are. For example, one person likes quizzes and I know they can read, I put a quiz program on or play Scrabble." One staff member told us about one person who had religious beliefs which meant that that did not permit any technology in their house, and this was respected. Staff continued to understand equality, diversity and human rights issues, and staff were aware of the provider's anti-discrimination policy.

People were supported to express their views and were actively involved in decisions about their care. The

service engaged with people through regular reviews of their care. The service asked for people's feedback through regular surveys and questionnaires. One person said, "I do get a questionnaire about the service now and then."

People's confidentiality continued to be respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained. People's private information remained secure. Care documentation was held confidentially and systems and processes protected people's private information. For example, before delivering personal care, staff were sent an anonymised "no names" version of the care plan, to enable them to familiarise themselves with the person's needs while ensuring confidentiality.

Good

Is the service responsive?

Our findings

People and their relatives told us that the staff remained responsive to their needs. A relative told us that the provider had been "very responsive" to changes in the person's care since coming out of hospital, and that the person received support from the same staff consistently which helped build relationships. One person said, "When I needed 24/7 cover when I was very ill, they tried so hard to help." One staff member said, "There was one client where they were going downhill quite quickly and who's bedroom was based upstairs. I spoke to the office about changing their bedroom to downstairs and it was done."

People remained at the centre of care planning and were involved in the process. Where appropriate, relatives and advocates were consulted. Care plans were formally reviewed every six months, and the provider also undertook quality assurance visits. One person told us, "Anything I've asked, they've done." Staff were responsive to people's individual's needs and allowed them to live their lives how they wanted. People's care plans were personalised and reflected people's needs and choices. For example, one person's care plan was detailed in respect of their military background and staff were aware of the person's wartime service.

Care continued to be person centred with respect to people's healthcare needs. Records of referrals to and visits from healthcare professionals in people's care files, such as community nursing, speech and language therapists (SALT), chiropodists, occupational therapists and physiotherapists. One relative told us their relative's mobility had improved since receiving care following discharge from hospital. One person told us, "On one occasion I was feeling poorly and the carer called the ambulance and waited until the paramedics arrived." One healthcare professional told us that clear communication from the provider was "enormously helpful to the patient and allows joined up working."

The provider had incorporated the Accessible Information Standard (AIS) when assessing people's needs. This is the standard that aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. Providers must identify record, flag, share and meet people's information and communication needs in line with section 250 of the Health and Social Care Act 2012. All organisations that provide NHS care or adult social care must follow the Standard in full from 1st August 2016 onwards. We checked whether the provider was working within the principles of AIS.

Care plans showed people's sensory and communication needs were recorded and considered. This included when people needed additional support or where there were risks associated with their impairment. For example, one person had a visual impairment. One staff member said, "The person has lots of assisted technology and uses audio tapes. Our routine is very specific for them. Any carer that we introduce to the client has a one to one with them, and shadows until the client feels comfortable." Another member of staff told us how technology helped support some people's independence. One staff member said, "Some of our clients use an iPad to keep in touch with family. I sometimes show them what to do with them. Some of them like drawing with them."

Where people needed to raise concerns, the provider remained responsive. The providers complaints procedure to was available for people and their relatives to view, though there had been no recent formal complaints. One person said, "I have not needed to complain but would feel comfortable raising an issue." The registered manager also fully understood their responsibilities relating to duty of candour. Duty of candour is a regulation that ensures providers are open and transparent with people who live in the home when things go wrong.

People were asked about their wishes with respect to end of life care at the time of their initial assessment and this was recorded in their care plan. While at the time of this inspection the provider was not supporting people with end of life care, staff told us that the registered manager liaised with the person's GP in the event they needed palliative care support.

Good

Is the service well-led?

Our findings

The service continued to be well-led. People felt able to contact the office and speak with the management team at any time. People said the service was well led. One person said, "It's a very well managed service." Another person said, "The manager runs a good ship."

The service had a registered manager. The registered manager was knowledgeable about their role and responsibilities. People and staff spoke highly of the management of the service. Staff felt supported, valued and respected within their role by the registered manager and the provider. One member of staff told us, "Very much so with our company… it's like having another family." Another member of staff told us, "I feel very supported... there is a positive atmosphere."

The culture of the service continued to be positive and respected people's equality, diversity and human rights. Staff said the culture of the service was open and transparent. We observed these values to be embedded in practice and was evident in the person-centred support people received and the positive attitude of staff. The registered manager told us that they were focussed on maintaining quality of care and culture as the service grew, and this started with the provider's approach to staff recruitment. The registered manager told us their approach was to "start with the heart" which focussed on ensuring people were recruited with the right personal qualities.

The provider's systems remained effective in assessing and monitoring the quality of the service. The registered manager had a keen focus on quality assurance to drive improvements to the service people received. The registered manager took the approach of continuous learning, and shared their "Continuous Improvement Plan" which covered all aspects of the service , including how people's care was delivered, staff training and development and ways of continuously improving quality of the service. The registered manager was proactive in driving improvement. For example, review of one person's care plan had identified a possible risk of choking due to difficulties with swallowing. This had prompted an action on the continuous improvement plan to review all care plans to ensure all people who use the service had been considered for choking risks. In addition, the registered manager and leadership team undertook regular checks of various aspects of service delivery to look for issues, trends and ensure lessons are learned. One day a week was allocated specifically to look at quality assurance and care planning.

The provider continued to work in partnership with other organisations to ensure people's needs were met. The registered manager and staff had developed relationships with a variety of healthcare professionals to meet people's needs. One healthcare professional who worked closely with the service told us that the provider was an, "excellent communicator and efficient" which "ensures that the patient is kept safe and arguably out of hospital."

People and staff remained engaged and involved in the service provided. Management had regular meetings with staff and the leadership team met every week. Feedback was sought from people regularly and in a variety of ways to ensure people had a say on the service they received. For example, surveys were sent to people and staff annually. The survey for 2018 showed 97% of people who responded felt the service

was well matched to their needs, that the office staff were responsive to their questions and said their carers arrived on time. Staff responses showed 96% of staff felt supported and that the service was effectively managed, while 100% of staff would recommend the service to others.