GPM Care Services Limited

Home Instead

Inspection report

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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

We conducted an inspection of Home Instead on 31 March 2017. Home Instead provides care and support to people living in their own homes. There were 30 people using the service when we visited. At our previous inspection on 11 August 2014 we rated this service "good". At this inspection we found that the service remained "good".

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff had completed medicines administration training within the last two years and were clear about their responsibilities.

Risk assessments and care plans contained clear information for staff. Records were reviewed every three months or where the person's care needs had changed.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. Care records documented that consent to care had been obtained and records were signed by people using the service or their legal representative.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service were involved in decisions about their care and how their needs were met. People had personalised care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision and appraisals of their performance and these were documented. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals as required.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The organisation had adequate systems in place to monitor the quality of the service. This included monthly monitoring of medicines administration charts (MAR) and daily care notes. We saw evidence that feedback

was obtained by people using the service and the results of this was positive.

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

Home Instead

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.

The inspection took place on 31 March 2017 and was conducted by a single inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke to one healthcare professional who worked with the service to obtain their feedback.

We spoke with five members of staff who included three care workers, the nominated individual and the registered manager. We also spoke with two people using the service and three relatives. We looked at a sample of three people's care records, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included "I trust the staff" and "I feel safe with staff."

The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Senior management were proactive in investigating possible safeguarding matters and explained that although no incidents had occurred involving their staff, they had attended safeguarding meetings with the local authority involving a person they were intending to provide future care for. The registered manager told us "Even though the incident did not involve us as we had not started providing care at that time, we wanted to be aware of what the issues were." A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers demonstrated a good understanding of how to respond to accidents and incidents. One care worker told us "We get training in what we are supposed to do if there is an accident. I did have a minor incident once and I reported this to the office where staff did a full investigation."

We looked at three people's care plans and risk assessments. Initial information about the risks to people was included in the initial needs assessment that was conducted by a senior member of staff. This covered people's physical health needs as well as their moving and handling needs. This document prompted staff to conduct specific risk assessments in areas of identified need where the risk level was identified as either being a medium or high risk. Risk assessments were conducted in areas such as people's continence needs or in relation to falls. The information in all the risk assessments and the needs assessment included practical guidance for care workers about how to manage specific risks to individual people. For example we saw one risk assessment which determined the level of risk for one person in having a urinary tract infection. This included practical advice for care staff in helping the person to avoid this occurring such as encouraging the person to stay hydrated and for care staff to monitor this.

Care workers demonstrated an awareness of the specific risks to the people they were caring for. One care worker told us "You have to be aware of the risks to people. I always say to new carers, read the care plan and ask any questions if anything is unclear before you give care." This care worker gave a specific example of the risks associated with one person they were caring for and the types of incidents that could occur if care workers did not watch them closely. Another care worker told us "One [person] was at risk of falling. I would always check [the person] had their slippers on and there was nothing on the floor they could trip on. You have to think ahead when you're caring for people."

Information from people's risk assessments were then used to devise a comprehensive care plan. These included information on people's specific health and support needs. The document included numerous

examples of specific advice for care staff in meeting the person's needs. For example, one person's care record included a detailed description of how they should be encouraged to safely rise from their chair and another care record reminded care workers to ascertain how the person had slept as this would affect their morning routine. Risk assessments and care plans were reviewed every three months or sooner where people's care needs had changed.

The registered manager explained that the number of staff members attending to people at any time was determined after an assessment of people's needs and depending on what people's requirements were. Care workers told us there were enough of them seeing people to keep people safe and do their jobs properly and people told us care staff did not seem rushed in the performance of their duties. One person told us "They don't seem rushed. They have enough time to do their work."

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Care workers were responsible for administering medicines to some people and filled in medicines administration record (MAR) charts. These were returned to the office every month and checked by the registered manager or nominated individual who audited these records every month and queried any discrepancies.

Care workers we spoke with told us they had received medicines administration training and records confirmed this. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

Good

Is the service effective?

Our findings

People told us staff had the appropriate skills and knowledge to meet their needs. Comments included, "They are very, very efficient", "[My care worker] absolutely knows what [they] are doing" and "I don't have to keep explaining myself." The registered manager and care workers told us, they completed training as part of their induction as well as ongoing training. Records showed that all staff had completed mandatory training in various topics which included managing challenging behaviours, safeguarding adults and medicines management. Care workers were required to shadow existing care staff in the performance of their duties before seeing anyone new. One person told us "If they send someone new, they'll shadow the regular carer first."

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that care workers training was in date and was monitored closely.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work and meet people's needs. We saw records to indicate that staff supervisions took place every three months and separate appraisals were also conducted.

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.

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting legal requirements. Staff were able to demonstrate that they understood the issues surrounding consent. Staff members demonstrated that they knew how to support people with fluctuating capacity to make decisions. Care records included consent forms which were either signed by the person using the service or their Lasting Power of Attorney where relevant.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements which included whether they had any allergies or health issues related to their diet. Care records included specific information about people's likes and dislikes as well as advice for care staff in how to make healthy suggestions for people. For example we saw a note in one care record which reminded care staff to encourage the person to drink juice as an alternative to wine to maintain their own health.

Care records contained information about people's health needs. The provider had up to date information from healthcare practitioners involved in people's care and this included discharge letters from hospital teams and updates from GPs or Occupational Therapists. Where senior staff were unsure about people's

health needs they were proactive in contacting healthcare practitioners to obtain up to date information. For example, we saw correspondence relating to one person's discharge from hospital and senior staff were concerned about the person's changed moving and handling needs. Records indicated that they had contacted the GP and sought occupational therapy advice an also took immediate action to meet the person's needs pending an occupational therapy review. When questioned, care workers demonstrated they understood people's health needs and took account of this when providing care.

Good

Is the service caring?

Our findings

People gave good feedback about the care workers. Their comments included "They are extremely polite and caring" and "They are kind and caring."

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service. Care records included comprehensive details about people's life history and their current circumstances. For example one person's care record included information about the person's previous occupation and how this impacted their current needs. Another person's care record included a detailed description of their family as well their responsibilities in relation to them and how care staff could assist them in meeting these.

Staff members we spoke with gave details about people's lives and the circumstances which had led them to using the service. Care workers knew about people's family members and people close to them as well as specific details about people's lives.

Care workers were also well acquainted with people's habits and daily routines. For example, care workers told us about people's likes and dislikes in relation to activities as well as things that could affect people's moods and their mental health. One care worker told us that one person they cared for "was very particular about how they liked things done, so I would help them with this."

Care workers told us they promoted people's independence by giving them choices about the care and support provided and helped them to achieve their goals. One care worker told us one person "has beautiful clothes. I don't choose her outfit, but will give her choices about what she wants to wear and I'll help her coordinate it. I make sure her clothes are clean and ironed nicely. I take care of her clothes as this is what she used to do." Another care worker told us "I let people take control. They make it clear when they need my help."

Care workers explained how they promoted people's privacy and dignity. For example, one care worker said "Some people are very shy about their bodies and this is understandable. You have to find out where they want you to be when you're giving personal care and respect that they will want privacy sometimes and want help at other times."

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service. We saw initial assessments considered people's cultural and religious needs and how care staff could assist people in meeting these. For example, one person was assisted to maintain their Jewish faith by attending the synagogue. One care worker also told us they had assisted one person to receive their last rites in accordance with their Catholic faith.

Good

Is the service responsive?

Our findings

People using the service told us they were involved in decisions about the care provided and staff supported them when required. One person told us "They will help you, sometimes at short notice."

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of people's physical health needs as well as their ability to complete daily living tasks. The care records we looked at included a comprehensive care plan which had been developed from the assessment of people's individual needs.

Care records showed staff prioritised people's views in the assessment of their needs and planning of their care. Care plans included details about people's preferred routines, habits, likes and dislikes in relation to a number of different areas including nutrition and activities. Each care plan began with the person's required outcome and the details that followed were in relation to achieving the desired outcome. For example, one person's care plan was specifically in relation to their diagnosis of dementia. The aim of the care plan was to maintain the person's independence, dignity and comfort. The details included in the care plan which were aimed at meeting this need included specific details about how the condition had affected the person's behaviour and included guidance to care staff in how they should respond to this behaviour sensitively.

People were encouraged to participate in activities they enjoyed and senior staff were proactive in encouraging people to continue pursuing these. Care records included details about the type of activities people enjoyed doing. Care staff demonstrated a good level of knowledge of people's individual likes and dislikes in relation to activities and daily notes contained details of people's involvement in activities. For example we saw details recorded about the type of television programmes people enjoyed watching and which newspapers they enjoyed reading. One care worker told us one person "was very active and loved tennis and horse riding. So I would take her to her club and she would have a wonderful time."

Senior staff gave us examples of proactive measures they had taken to ensure people were involved in activities on offer. The Nominated Individual showed us examples of research they had conducted in appropriate activities that were on offer for people with dementia within the local area and these included music therapy groups and memory cafés. They also gave us an example of joint working they had conducted with a charity to further develop activities for people. Care workers also gave us examples of how they had proactively sought to assist people to take part in recreational activities they enjoyed. For example one care worker had learned to drive in order to escort one person to places of architectural interest.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People we spoke with confirmed they would speak with the registered manager if they had reason to complain, but also told us they had never had any complaints. The registered manager also confirmed that they had never received an official complaint, but had received informal complaints which were dealt with immediately. We saw these informal complaints were documented and responded to quickly to the satisfaction of people using the service.

Good

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the registered manager was available and listened to what they had to say. People commented positively on the registered manager and the nominated individual. Their comments included "The manager is absolutely wonderful" and "The manager is very good. Everyone in the office is good."

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought during quarterly face to face review meetings where senior staff asked specific questions in relation to the care provided, administrative support from the office and assessed whether people's needs had changed at the same time. People commented positively in the records we read. People's feedback was also sought through an annual independent survey. We saw the results of the most recent survey that was conducted in 2016 and found these were positive. There was also an associated action plan in areas where there was room for improvement and we saw the service had already begun taking action in implementing this.

Staff told us they felt able to raise any issues or concerns with the registered manager and nominated individual. Care workers told us "They are good. They listen and are patient and understanding" and "They really encourage the carers." The registered manager told us and records confirmed that quarterly staff meetings took place. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

We saw records of accidents and incidents. There was a clear process for reporting and managing these. The registered manager told us they reviewed accidents and incidents to monitor trends or identify further action required and we saw evidence of this.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided tallied with these.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of quarterly monitoring in numerous areas including medicines administration and care records.