

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	

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The service provides care and support to people living in their own homes. Home Instead is a care service with numerous offices operating throughout the UK. We

visited the Kensington and Chelsea branch of Home Instead, which is located in Fulham but provides care and support to people living in and around Kensington and Chelsea. At the time of our inspection, five older people were receiving support with personal care from the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns to keep people safe. Staff were meeting the requirements of the Mental Capacity Act (MCA) 2005.

Recruitment procedures were in place to ensure that only people who were deemed suitable worked within the service. There was an induction programme for new staff which prepared them for their role. Staff were provided with a range of training to help them to carry out their roles effectively. They had regular supervision meetings with their manager and annual appraisals to support them to meet people's needs. There were enough staff employed by the service to meet people's needs.

People had care plans in place which reflected their assessed needs. People were supported effectively with their health needs and were involved in making decisions about what kind of support they wanted.

Staff treated people with kindness and compassion and cared for them according to their individual needs. Staff had a good understanding of people's needs and preferences and we received positive feedback from relatives about the service provided by care workers.

People using the service, relatives and staff were encouraged to give feedback on the service. They knew how to make complaints and there was an effective complaints management system in place.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where issues were identified action plans were put in place to rectify these.

Summary of findings

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. Staff had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

There were enough staff to meet people needs and staff had been recruited safely.

Good



Is the service effective?

The service was effective. People were supported by staff who had appropriate skills and had received the training required to perform their role.

Staff received regular supervision and annual appraisals of their performance to carry out their work.

People were encouraged to eat a healthy and varied diet. People's health needs were monitored closely and the service sought advice and up to date information from relevant healthcare professionals.

Good



Is the service caring?

The service was caring. People's relatives said they were happy with the care provided and said they had good relationships with staff.

Staff demonstrated they had a good understanding of the people they were supporting. Relatives told us staff treated their family members with respect.

Good



Is the service responsive?

The service was responsive. People expressed their views and were involved in making decisions about the support they received.

People's needs were assessed before they began using the service and care was planned in response to their needs.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Good



Is the service well-led?

The service was well led. Staff had an understanding of the vision of the service and their purpose in working for the organisation.

Staff confirmed that they maintained a good relationship with the manager and felt comfortable raising concerns with them.

Good



Summary of findings

The service learned from accidents, incidents and other concerns and learning from these was discussed in team meetings.

The manager carried out audits to monitor the quality of the service provided. The provider worked with other organisations to ensure that best practise guidance was followed.

Home Instead

Detailed findings

Background to this inspection

We visited the Home Instead Kensington and Chelsea office on 11 August 2014 and spent time discussing how care was given with the registered manager and another senior staff member. We spoke with two care workers and four relatives of people using the service on the telephone after our inspection. We were unable to speak to people using the service due to communication difficulties.

We also spent time looking at records, which included three people's care records and records relating to the management of the service. The inspection team consisted of a single inspector.

The last inspection was carried out in April 2013 and all areas we reviewed at that time were met.

Before our inspection, we reviewed information we held about the service. This included notifications which had been received from the service and the previous inspection

report. We also reviewed information we were sent from the service in the form of a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with a member of the local safeguarding team at the local authority.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in December 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe when using the service. One person said "staff are trustworthy" and another person commented, "I feel confident that [my relative] is safe." The provider had a safeguarding adults policy and procedure in place. The safeguarding lead at the local authority confirmed that they did not have any concerns about people using the service. Staff told us they received training in safeguarding adults as part of their induction as well as annual refresher training. Staff had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff said they would use the provider's whistleblowing procedure if they felt their concerns had not been taken seriously. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and were able to correctly demonstrate an understanding of the issues surrounding consent and the MCA. Care staff told us what they would do if they suspected any of the people using the service lacked the capacity to make a specific decision.

Senior staff told us that people had individual arrangements with regard to how they managed their finances and made other decisions. Records indicated that senior staff at Home Instead had obtained full information about whether someone had assigned Lasting Power of Attorney or made other arrangements about how they made decisions should they no longer have capacity to do so. This meant staff understood who they should communicate with in relation to various decisions about a person's care and they could be assured that the arrangements made were within the requirements of the law and in a person's best interests.

Risk assessments had been completed for individuals in areas such as physical health, moving and handling and the safety of their home environment. The information in these documents was detailed, up to date and reviewed at least every six months, but more frequently when someone was new to the service. This meant staff had access to current information about the people they supported. Where risks had been identified, practical guidance was included in the written record to advise staff on how risks could be minimised. Staff spoke knowledgeably about the risks to people and the actions which had been taken in the past and on an ongoing basis to minimise these.

Staff received emergency training as part of their induction which involved what to do in the event of an accident, incident or medical emergency. Staff spoke in detail about what they considered to be the biggest risks to individual people they cared for and they demonstrated that they had considered what they would do in the event of an emergency. We were given one example of an emergency by a care worker who had acted promptly to ensure the wellbeing of the person using the service.

Relatives told us that the same staff attended to their family members on a regular basis which meant that people could develop a relationship with and be supported by staff who were familiar with their needs and preferences. Relatives told us staff had enough time when attending to people and were unrushed when working. They told us staff attended on time when they were scheduled to do so.

The manager explained that she conducted an assessment of people's needs when they first contacted the agency. From this she determined how many care workers were required per person and for how long.

Staff recruitment records 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. This helped to ensure that only staff who were suitable worked with people using the service.

Is the service effective?

Our findings

Staff told us they had received training in a course which looked at delivering person centred care that focussed on how to deliver a service based on people's individual needs. Staff said that people's choices, preferences and perspectives governed the work they did and gave us practical examples of how people's individual choices were at the centre of the work they did. We were given various examples by care workers who described people's individual routines and their specific preferences regarding food and drink.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. The manager told us that each staff member completed a range of training as part of their induction as well as ongoing training. Records showed that this included a period of shadowing more experienced staff. Relatives confirmed they had seen care workers who were new shadowing more experienced carers. One relative told us, "Whenever a new carer comes to take care of my [family member] they always spend time shadowing the previous carer first so they get to know my [family member] before starting on their own."

The manager told us that each year as part of their performance appraisal staff were invited to select other training modules which would be useful to their role. Staff confirmed they could request extra training where required and they felt that they received enough training to do their job well. One staff member told us, "We get a lot of training.

A lot." Relatives told us they found staff to have the necessary skills and knowledge to care for their family members. One relative said, "They're briefed really well and know what they're doing."

Staff told us they felt well supported and received regular supervision and annual appraisals of their competence to carry out their work. We saw records that showed staff supervisions took place every six months and annual appraisals were also conducted. Staff told us they had regular less formal contact on a monthly basis, and they used these opportunities to discuss any concerns they had.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements and appropriate advice had been obtained from their GP and other healthcare professionals where required. Staff told us they helped people to go shopping and cooked their meals. Senior staff said they encouraged people to be active in ways they enjoyed and consulted with family members about how best to achieve this. We saw specific risk assessments in people's files which looked at how much exercise or daily activity people were doing. Daily records written by care staff documented what people did and this information was reviewed to determine whether any further work needed to be done to encourage people to live an active and healthy lifestyle.

Care records contained detailed information about people's health needs. The service had up to date information from healthcare practitioners involved in people's care, and senior staff told us they were in regular contact with people's families to ensure all parties were kept informed about people's health needs.

Is the service caring?

Our findings

Relatives told us they were happy with the care provided and said they had good relationships with staff. One relative told us, “Staff are very caring” and another person commented, “The carers are personable.” All relatives we spoke with said staff communicated well with their family members and took the time to have meaningful conversations and/or interactions. One relative told us the staff member and their family member had very similar interests and were, “well matched, so they discuss things that my [family member] is interested in.”

Staff demonstrated that they had a good knowledge and understanding of the people they were supporting. All staff were able to tell us about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people’s habits and daily routines and the relatives we spoke with confirmed this.

Care plans had been completed with the people who used the service and their relatives. They provided detailed information about how the person’s needs and preferences

should be met by staff. Care records showed how staff worked closely with the people they cared for, ensuring they met their aims and aspirations. The records included an action plan with goals for their future and daily records completed by staff provided the information needed to monitor whether these goals were being met. One person said “My [family member] decides what [they] want and staff support them with this.” One staff member told us, “We support them to live their lives the way they want. The way they always have.”

Staff were able to explain how they promoted people's privacy and dignity. For example, they said they made sure doors and curtains were closed when providing support with personal care. One staff member said, “We only ensure necessary body parts are exposed and we always explain what we are doing first.” Relatives told us staff were mindful of people’s privacy and dignity. One person said “My [relative] seems comfortable with [the care worker].” Care records demonstrated that people’s cultural and spiritual needs were considered when first entering the service and the manager gave us an example of how foods were purchased to meet people’s diverse needs.

Is the service responsive?

Our findings

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, continence support, dietary requirements and mobilising, as well as psychological wellbeing. Care records included a support plan which was signed by the person using the service. Support plans included detailed information about people's routines, likes and dislikes as well as specific instructions about how people wanted their care delivered and goals for the future. Support plans were reviewed every six months or as people's needs changed.

Relatives confirmed they had been involved in the assessment process and kept up to date about any changes in the needs of their family member. Relatives also confirmed that staff kept daily records of the care provided and that these were detailed and legible. One relative told us "I read the daily notes...so I am always kept informed."

People expressed their views and were involved in making decisions about the support they received. People were given information when first joining the service. This information was in the form of a prospectus and included details about how to make a complaint and specific details about the service provided. This information was not readily available in an easy read format, but senior staff told us they could arrange for this to be provided on request.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Relatives confirmed they had never had any complaints, but told us they knew who to speak to if they had reason to complain. Relatives said they felt confident any complaints would be dealt with. One relative told us, "They are always asking for my feedback and I have asked them to change a few things in the past which they did quickly. I've never had a complaint as such, but I'm sure they would deal with it in the same way." The manager told us they had never received a formal complaint, but had received suggestions from family members on changes that could be made to care provided. The manager told us they discussed relatives' feedback in team meetings. Staff confirmed this and gave examples of the types of discussions held adding that they found the discussions useful.

Staff encouraged people to participate in activities they enjoyed. People's participation in activities and their preferences were obtained when people first began using the service and we saw this information recorded in care records. People's involvement in activities was monitored thereafter and we saw records to indicate this. Senior staff told us they worked with family members to prevent social isolation by encouraging people to participate in daily activities they enjoyed. They told us that if they had concerns, they would discuss this with relatives and people using the service to formulate a workable solution.

Is the service well-led?

Our findings

Senior staff and care staff gave us similar answers when asked about the provider's vision for the organisation. The manager told us, "We work to provide the best care that people want and we work with relatives and other health professionals to make sure we can do this." A staff member told us, "I only do what the client wants, not what I want." Staff confirmed that the provider's vision for the organisation was covered in their induction when they started working at the organisation and this was also something that was reinforced in team meetings and in general discussions with their manager. Staff confirmed they had these discussions in team meetings and found them useful. One care worker told us, "Discussions make you think about why you are doing the job in the first place. It is all about the client at the end of the day."

Staff confirmed they maintained a good relationship with their manager and felt comfortable raising concerns with them. One staff member said "She is very good. Very approachable" and another told us, "I feel comfortable to speak to her about any concerns or anything."

The service had a whistleblowing policy in place which staff confirmed they knew about and understood. Staff told us they were confident that the manager would deal with any concerns they had and told us they felt able to raise any issues at their team meetings. They told us and written minutes confirmed that they participated in team meetings and felt confident doing so.

Records were kept of accidents and incidents, and each form was reviewed by the manager to identify what had occurred, and what could be done to prevent a recurrence. Records included further actions to be taken following an incident, and the manager and other staff confirmed that learning points from incidents were

discussed in staff meetings. Details of accidents and incidents were monitored by staff at the organisation's head office who would review this information for trends. We also saw learning points from accidents and incidents included in people's care records.

Staff told us that safeguarding concerns and other complaints were dealt with in a similar way. All concerns were discussed within team meetings which were held every three months as soon as senior staff at the service had devised an action plan. Thereafter, the organisation's head office would oversee action plans and monitor for trends.

The organisation had systems in place to monitor the quality of the service. Numerous audits were undertaken on a monthly basis. These included audits of care records to ensure all information was up to date and reviews were taking place when required. We saw evidence that other reviews were taking place. For example, the service had an electronic monitoring system to ensure care workers were attending to people on time. We saw evidence that feedback was obtained from people using the service and their relatives in the form of a questionnaire. All feedback we saw was positive, but senior staff told us where any concerns were identified appropriate action was taken to address any shortfalls and improve the service.

The provider worked with other organisations to ensure that the service followed best practice guidance. We saw evidence of regular contact with healthcare professionals involved in people's care and communications gave detailed and relevant advice for staff. The manager told us, "We don't rely on families giving us the most up to date information. We find out information for ourselves from healthcare providers to make sure we are always providing the right care."