Mettacare Ltd

Home Instead Senior Care

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

About the service:
•□Home Instead Senior Care is a domiciliary care service based in Norwich, providing care in Norwich and the surrounding areas, primarily to older people.
•□At the time of the inspection, the service was providing personal care to 56 people living in their own homes and there were 61 staff.

People's experience of using this service:
•□People were protected from abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
•□Individual risks to people were assessed and managed to keep people safe.
•□Medicines systems were organised and people were receiving their medicines when they should.
•□The service was very person centred and assessed people's needs and individual preferences.
•□The service was very reliable and developed caring relationships with people using the service.
•□The service operates a minimum one-hour care call length, 14 days' notice to cancel calls and standardised call times which they believed contribute to greater staff retention and thereby improved relationships and care giving to people using the service; however, some people told us this reduced flexibility in the service provided.
•□Staff told us that the training they attended was good and gave them the skills and knowledge they needed to support people.
•□Health care professionals such as district nurses, the GP and occupational therapists had been involved in people's care.
•□People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
•□The service was going through a positive management restructure and was well led and managed.
•□People and staff were overall positive about the management of the service changes, although people receiving care needed more information on the new management team.
•□The views of people and staff were actively sought by managers to develop and improve the service for the future.
•□The service was committed to empowering the local community to grow old well and had links with the local community to enhance the lives of people using the service.
Rating at last inspection:
•□At our last inspection, published in July 2016, the service was rated "Good".

Why we inspected:
•□This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received, based on their rating at the last inspection.

Follow up:

• We will continue to monitor the service to ensure that people received safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

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:
•□This inspection was completed by an adult social care inspector and an expert by experience whom was experienced in caring for people with learning disabilities, older people and people living with dementia. 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:
•□Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own homes.
•□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 because we needed to be sure that the registered manager would be available to facilitate the inspection.
•□We began the inspection with telephone calls to people using the service on 4 February 2019. We visited the office on 6 and 7 February 2019, to see the manager and office staff; and to review care records, policies and procedures.

What we did:
Prior to the inspection:
•□We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

•□We looked at information we held about the service including notifications they had made to us about important events.
•□We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.
•□We reviewed information provided by completed CQC surveys from people who used the service.
During the inspection:
•□We spoke to 14 people using service and three relatives; the registered manager, operational manager and six members of care staff.
•□We reviewed four people's case records.
•□We reviewed records relating to the management of the service including: accidents, incidents and complaints; audits and quality assurance reports; the service development plan; policies and procedures; recruitment, training and supervision records of care workers.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•□All the feedback from people using the service and their relatives was that they felt safe using the service. One person told us, "I do feel safe, the carers come to make sure I don't fall in the shower. I have had a fall and I don't want to fall again."
•□Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training based upon these.
•□Staff demonstrated a good awareness of the types of abuse possible, the safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them. For example, one staff member used the provider's training in fraud prevention to help avoid risks for one person related to repeated online and telephone scam contacts.
•□The provider had not ensured that they had notified CQC of all safeguarding incidents. One incident occurred when the registered manager was on holiday but they acknowledged that this was a lesson learnt for the future.

Assessing risk, safety monitoring and management
•□Risks associated with people's care had been identified and assessed.
•□Measures were usually in place to provide guidance for staff on how to manage and minimise risks. However greater detail was sometimes needed regarding what the desired outcomes should be and what to do if these outcomes were not being met. For example, food and fluid charts were used but did not always have desired outcomes, actions required if desired outcomes not met or an adequate management oversight system in place.

Staffing and recruitment
•□People told us they usually had the same care staff visit. One person said, "I feel safe because I know who is coming to support me."
•□People also said that the care staff arrived on time and were not late for their visits.
•□The provider saw consistency of both call-times and staff as very important to developing positive and trusting relationships. They had standardised start times of calls and implemented an electronic system which could track call times. Data showed 97% of calls in the month preceding the inspection commenced within 15 minutes of the allotted time.
•□The provider operated a robust and thorough recruitment process to ensure that staff were of appropriate good character to provide care in people's own homes.
•□The provider ensured they had sufficient staff with a rolling program of recruitment. This included promoting diversity through attending events such as Norwich Pride.
•□Ongoing measures designed to promote retention of staff were in place, thereby promoting consistency

of care staff for people using the service.

Using medicines safely
•Medicines management systems were organised and people were receiving their medicines when they should.
•Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
•The provider audited the medicines administration recording monthly to monitor and respond to any errors found.
•The provider had a policy for the administration of 'as required' (PRN) medicines, however there were not separate protocols for each PRN medicine prescribed to people being supported with medicines administration. PRN protocols are needed to ensure staff have clear guidance on when to support people with their medicines that were prescribed to be administered when required. The provider assured us that they would put protocols in place quickly.
•One incident occurred when the first dose of a medicine was administered erroneously in the morning rather than at night resulting in significant confusion, disorientation and risk to the person. However, the provider showed they had investigated the incident, mitigated for reoccurrence by providing the staff member involved with additional refresher training and completing a review of the process of recording of new medicines on the medicines administration recording chart.

Preventing and controlling infection
•Staff are provided with suitable personal protective equipment such as gloves and aprons.
•Staff were able to explain safe practice in relation to maximising infection prevention and control, such as changing gloves between individual tasks.

Learning lessons when things go wrong
•The provider showed that they took a proactive approach to reviewing accidents or incidents with all the individuals concerned. People's care plans and risk assessments were reviewed as necessary to keep them safe.
•The provider held meetings with staff to discuss particular care packages which were giving cause for concern. These considered and developed alternative or consistent approaches to improve the situation.
•The provider did not have a systematic recording process for analysing incidents, the outcomes of these reviews nor lessons learnt for future practice. However, they agreed this was something they could implement quickly to ensure any lessons learnt were incorporated across the service.

Good

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.

Good: 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
- The service was person centred and assessed people's needs and individual preferences to enable them to achieve their desired outcomes.
- People told us the care was effective. One person commented, "They are very helpful and always ask if there is anything else they can do." Another said, "I am happy with the care, the carers do a good job. I feel cared for."
- The provider completed both an initial courtesy call to check the service was meeting the person's needs and regular reviews to ensure the care provided was being effective.

Staff support: induction, training, skills and experience
- The induction and training was comprehensive. One staff member told us, "The training was really good."
- Staff had regular checks and refresher training on their key skills and competency.
- New staff were supported to complete the Care Certificate, an industry recognised national training programme for staff working in health and social care.
- Staff retention and hence levels of experience was good.
- People told us that staff appeared well trained. One person said, "Yes I think they are because they all do things the same way."
- The dementia training was not up-to-date for all staff with over 50% of staff's training being over three years old. The relative of a person, who was living with dementia, told us they felt the staff were, "Sometimes not up to speed," and described the need for staff to, "Not always take the first answer, to go back and ask again" for important tasks such food provision. The provider acknowledged the training shortfall and agreed to schedule refresher training.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff understood people's needs and preferences in relation to food and hydration.
- For people at risk of malnutrition, there were separate assessments and it was recorded how much they were eating and drinking. However clearer guidance was needed in these assessments regarding what the desired outcomes were, how these should be monitored and what to do if the outcomes were not achieved. The provider agreed to revise their assessment tools and practice to this effect.
- People told us they were supported to maintain a healthy diet and were offered choice.

Staff working with other agencies to provide consistent, effective, timely care
- The provider had built strong relationships with several supportive organisations such as the Norfolk Deaf Association and Norwich Dementia Alliance to promote best practice and effective care.

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

- People were supported to access health care professionals when necessary. One family member noted, "The carers called in the GP whilst I was on holiday."
- We could see from the records that health care professionals such as district nurses, the GP, occupational therapist and dietician had been involved in people's care.
- The provider promoted joint working with allied professionals such as occupational and physiotherapists; enabling carers to attend with professionals to provide additional information of the difficulties experienced and ensure their practice was in line with professional recommendations.

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.
- We checked whether the service was working within the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had a good understanding of the MCA and could describe how to support people to make decisions.
- We could see from the records that separate mental capacity assessments had been carried out in relation to care tasks when required. These guided staff as to which decisions people were likely to be able to make and how decisions should be made were they unable to do so themselves. They had involved relatives and other professionals where necessary to make decisions in their best interests.

Good

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were unanimous in finding the staff kind and respectful. One person said, "The attitude of the staff is brilliant." Another said, "I am happy with the care; the people do a good job. I feel cared for."
- The provider described their ethos as very person-centred with compassion and empathy seen as paramount throughout the service. The staff confirmed the provider as dedicated to improving the lives and well-being of the people using the service. A staff member told us, "We have regular clients so you get to know their little ways, so it's easier to pick up if something's not right."
- The provider emphasised the potential importance of the social contact during care giving for people at risk of social isolation. Staff identified that the minimum call length of an hour ensured the care was not rushed and enabled them to stop to chat and to participate in the people's interests where appropriate. One said, "We sit and have a chat. It's very important - you might be the only person they see regularly - you make a difference, you put a smile on their face." We saw care records where staff had joined people in activities such as playing cards or doing a crossword. Another staff member described the pleasure created when they took a socially isolated person out to have their nails done.
- The provider showed a commitment to challenging perceptions of aging and enabling people to maintain their abilities, activities and interests. An example involved supporting people living with dementia to participate in a garden show. They also participated in fund raising for various charities such as Age UK, support socially isolated people in the community at Christmas through donation and delivery of Christmas presents.

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

- Staff described always asking people what help they wished for and offering choice.
- People using the service were visited by management quarterly for care reviews or quality assurance checks.
- The views and preferences of people using the service were clearly expressed in their care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to promote people's privacy and dignity.
- Staff described how they supported people to be as independent as possible. Staff told us they tried to encourage people to do things for themselves, such as completing as many aspects of their personal care as possible or engaging them in activities of personal interest. One staff member described how they often offered to eat their packed lunch with people when providing a meal to someone who were nutritionally at risk to help motivate them to eat.
- The provider demonstrated appropriate use of referrals to health professionals or other services to maximise independence; for example, the Norfolk Deaf Association or occupational and physiotherapists.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: 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
•□The provider completed a personalised profile of the person, their background and things that were important to them to support staff to build a rapport with people using the service.
•□The provider aimed to match staff with similar interests or preferred characteristics to each person receiving care. The people we spoke with all told us that staff continuity was good and matched their preferences.
•□The people we spoke with all confirmed they received regular visits by senior staff to check and revise the service to ensure it continued to meet their needs and wishes.
•□When a change in needs or circumstances occurred, we were told by staff the provider was quick to respond, revise the package of care provided and communicate this with staff.
•□The provider had introduced a 14-day notice period required to cancel a call and standardised timeslots. The provider believed this change enabled the service to provide greater consistency of staff as they could better retain staff with guaranteed hours. We received some negative feedback and saw some complaints from people who found this to be an inflexible approach. We had concerns about this policy; for example, this could limit people's ability to pursue social activities particularly where people were living with dementia and were less able to plan ahead; or would more adversely affect those with complex health conditions that may result in frequent medical emergencies and absences from the home. However, the provider showed that when people went into hospital, this policy enabled the care package to be retained for 14 days, thereby facilitating timely discharges back to a person's familiar routine and carers. Also, whilst in hospital, they redirected care to supportive visits in hospital whenever appropriate. The provider felt promoting consistency of care workers was a fundamental part of their strategy to provide good quality personalised care.

Improving care quality in response to complaints or concerns
•□We reviewed the complaints and concerns raised with the provider and found that they had responded quickly and appropriately. One relative said, "I speak with the manager in the office who is very accessible."

End of life care and support
•□The provider reported that they had not regularly provided end of life care but that the skills required were covered during the induction of staff should it become necessary.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear vision and ethos of providing high quality personalised care; offering a caring, skilled and reliable service.
- They provided a minimum of hour long calls to promote high quality care and relationships with people using the service.
- The provider focused strongly on recruiting, training and retaining high quality staff as a core component to providing quality care.
- The service development plan aimed to improve staff retention. The service believed that recent changes to service user's contract to require 14 days' notice to cancel calls and standardising call start times would result in greater income security for care staff. This, in turn, was expected to ensure greater continuity of care staff for people using the service. The provider acknowledged this was a work in progress and once time had been given to see the outcomes, further consultation with both staff and people using the service alongside analysis of the benefits was required to ascertain the validity of this approach.
- There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they were listened to.

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

- At the time of the inspection there was registered manager in place.
- The provider had nearly completed a restructuring of their management team as part of their service development plan. An operational manager had been supporting the registered manager for a year and had applied to CQC to take over as the registered manager. This would enable the current registered manager to refocus on service development and community engagement work.
- The management team were all cross trained in their roles to ensure continuity of service. The management team had clear roles and responsibilities which ensured good responsiveness, monitoring and quality assurance.
- A third of the people we spoke with told us they were aware of the managerial restructure but were unsure who the registered manager was now. The provider agreed they would ensure people using the service were provided up-to-date information regarding the key management personnel.
- The care staff we spoke to described the managerial changes as initially unsettling but were all now positive about the new management structure and support.
- The management had clear auditing systems in place and good oversight of the service.

•□People using the service had their care needs reviewed every six months and had quality assurance checks every six months, thereby ensuring contact with management at least every three months.

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

•□As part of their restructure the provider created a care staff 'council of representatives' to enable stronger two-way communication and engagement between management and care staff. The provider planned to create a similar council for people using the service.

•□The provider was developing plans to include people using the service in both recruitment and training.

•□Management held small team meetings with care staff regularly, met with all staff four times a year and supported each with personal development plans.

•□The provider commissioned independent anonymous quality assurance surveys annually of both staff and people using the service; and used these to inform service development.

•□The provider demonstrated they valued their staff's well-being. For example, they commissioned an external employee assistance programme which gave staff access to confidential therapeutic support when required. Staff were also recognised with awards for good work and long service.

Continuous learning and improving care

•□The management were involved in several learning and development forums such as the local care provider management forum as well as visiting other care services nationally and abroad with 'outstanding' accolades.

•□The service development plan included plans to digitalise care plans, daily care logs and medicines administration to improve the service's effectiveness and responsiveness. They were also moving to a new online training administration system.

•□The provider held learning meetings which used case studies to share and develop good practice.

Working in partnership with others

•□The provider had a strong commitment to community engagement. This included being an active member of groups such as the local dementia alliance.

•□They also provided a guide to what's on locally in the community for older people.

•□The provider participated in various funding raising and charity work to benefit older people in the community including the Home Instead Senior Care national franchise charity "Bring Joy Foundation" which gives grants to groups across the UK to fund fun events for older people.

•□The provider had made a strong commitment to empowering people, their families and the local community to face some of the challenges of growing older. They regularly provided a range of free public education workshops and leaflets on topics such as dementia care, senior fraud protection, preventing hospitalisation or falls, nutrition and making homes safer.