

ANP Senior Care Ltd

Home Instead Cuffley, Cheshunt & Harlow

Inspection report

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21 October 2021

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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 Cuffley, Chestnut & Harlow is a domiciliary care agency providing personal care to adults in their own homes. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection, the service was providing personal care to 22 people.

People's experience of using this service and what we found

People all told us they felt safe and well supported. One person told us, "I feel safe with the staff I see that carry out my care." Risks were identified, assessed and regularly reviewed. Staff felt well supported and received training appropriate for their roles. People were given their medicines safely and staff followed infection prevention and control procedures.

People were asked to give their consent for support and the principles of the Mental Capacity Act were followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with respect and upheld their privacy and dignity. People described staff as kind and caring and relatives were satisfied their family members were in safe hands. One person told us, "I'm well looked after." Another person said, "I'm well satisfied with the service." Staff knew people well and encouraged people to be as independent as possible.

Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

Audits were carried out to ensure the service was of high quality and the provider engaged people, their relatives and staff in giving their views about how the service could improve.

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

Rating at last inspection

This service was registered with us on 13 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 Cuffley, Cheshunt & Harlow

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 October 2021 and ended on the 22 October 2021. We visited the office location on 21 October 2021.

What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information

the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, one relative, seven staff, including the registered manager, nominated individual, office staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including comments from people who have received a service, policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People felt safe with staff who supported them. One person said, "The care givers keep me very safe." Another person told us, "I feel very safe with the care I receive from Home Instead."
- Staff had received safeguarding training and knew how to report concerns.
- The registered manager understood how to report any concerns to relevant agencies, including the local authority safeguarding team. "One member of staff told us, "If I had a concern about someone's safety I would go straight to the registered manager and they would always act on it."
- Risk assessments had been completed when people started with the service and were regularly reviewed.
- People's risk assessment detailed their key support needs. Where risks were identified, the records provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people. For example, the use of equipment if the person was at risk of falls.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- People and their relatives told us their care calls were reliable and usually on time. One person said, "I get the same care givers and they are mostly very punctual and stay for the full duration of the visit."
- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included conducting interviews, completing a Disclosure and Barring Service (DBS) check and obtaining references. The DBS helps to prevent unsuitable staff from working with vulnerable people.

Using medicines safely

- People told us they were safely supported by staff with their medicines.
- Staff had been trained to manage people's medicines safely. A person told us, "I take my medication independently, but the care givers oversee things are ok."
- There were audits of medicines administration records to ensure people were given their medicines properly.

Preventing and controlling infection

- Plenty of personal protective equipment (PPE) was available to prevent infections. One person told us, "Staff have good hygiene standards and wear protective clothing."
- The provider had policies and guidance to help staff to work in accordance with current guidance on

infection prevention and control.

Learning lessons when things go wrong

- There were systems to record, review and learn from incidents and accidents that may occur at the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they started using the service. This gave staff the information they needed to provide effective care and support.
- People were happy with how staff supported people with their individual needs. One person said, "Staff are very gentle with me and help me move about."
- The registered manager reviewed and updated people's care plans when their needs changed. This ensured the information about the person's needs were always up to date. One person told us, "My care plan is updated, and a guy comes and see me and discusses it."

Staff support: induction, training, skills and experience

- People felt staff had the right skills to support them. New staff received an in-depth induction to the service, which included meeting the people they would support. They spent time shadowing experienced staff and were assessed throughout their induction period and beyond to ensure they carried out the different care duties effectively.
- Staff received training in areas important to their work, including specialised care. For example, compressed stockings, catheter care and administering eye drops. All staff confirmed they received a good range of training and that they could ask the registered manager for additional or refresher training in any subject. One staff member told us, "I received training in understanding a person living with Parkinson's. It helps to understand their needs and the importance of their medication."
- Staff spoke highly of the support they received from the registered manager. One staff member told us, "We are able to discuss and make suggestions to improve the service". A second staff member said, "There is always someone at the end of the phone if you require any support or even just to ask a question that needs an answer."

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

- People were supported with their meals if needed. Everyone was happy with how these were provided.
- People's dietary requirements were included in their care plans. For example, one person's care plan read the person had allergies to certain foods. People's likes and dislikes were also recorded so staff were aware of these preferences.

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

- Staff supported people to access health or social care professionals as needed.
- Staff all knew what to do if a person became unwell or needed additional support and would liaise with

other professionals e.g. GP if this was necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was a record of consent within people's care plan in relation to care, records and sharing of information.
- Staff received training in the Mental Capacity Act and knew how to put this into practice. Although no-one was currently subject to any restrictions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and felt respected. One person said, "They are very kind, considered and helpful. I've got a lovely relationship with them. They respect me in every aspect of my care. "They are dedicated and really want to get to know you as a person. They are not just here for the job." Another person told us, "Staff are bubbly, and I always feel good when they are around because I get lonely at times and the days are long otherwise". A relative said, "Staff appear to be very professional and they have got to know my [family member's] personality very quickly and know what they like and dislike. They are generally called by their first name and they are comfortable with this".

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

- People and their relatives told us they were involved in decisions about their care. A person said, "The care plan was organised by the company and myself and together we worked out what care was best for me."
- The person's care plan included a record of their involvement, preferences and choices. One person told us, "When I started using Home Instead the staff explained to me all the detail of the care that's required, and I signed to agree the contract for the care currently being carried out."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person told us, "Staff help me with shopping and go for a walk with me, but they watch over me all the time to make sure I'm doing things correctly." Another person said, "I feel I'm in a state of rehabilitation and the staff support me in every step of my progress". "They are very respectful in the things I can still do, and they promote my independence well".
- People told us staff always respected their privacy and dignity. One person said, "I rely on the staff a lot and they cover all my needs without going into any detail and discussing them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans outlined their individual preferences and they were supported in a way that met their needs and achieved good outcomes. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- People's likes and dislikes were well known to the staff team.
- People and their relatives confirmed they were involved in the development of the care plans and could contribute to how they wanted to be supported. One person said, "I have been informed of my care plan and this has been discussed with me".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager informed us that information could be offered to people in different formats, such as large print or pictures, and in different languages to meet people's needs if required. This was not currently required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people in a way that enabled them to stay living in their own home. One person said, "The carers are just lovely and friendly and talk to me while they work. They lift you up when you're feel low. They are like an extended family. "They can read exactly what you're feeling."

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring issues so they could be resolved. One person told us, "I've never raised any complaints in all the time I've used the service". One relative said, "I've used the company for a year and a half and neither of us has any complaints whatsoever. My [Family member's] expectations are very firm, and they get the service they need."

End of life care and support

- The service was not providing care to anybody who was receiving end of life care.
- Care plans showed there had been discussions with people about their preferences for life

saving treatment in the event of a medical emergency.

- Staff received training about end of life care, and they stated they would liaise closely with healthcare professionals to ensure people remained comfortable.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had several years working in the care sector, and this gave them an extensive knowledge base to use in their role.
- The registered manager understood their responsibilities in relation to the duty of candour. They understood their responsibilities to be open and honest when things go wrong. They also knew what they needed to report to CQC and other relevant agencies.
- Feedback about the culture and approach of the service was very positive. One person said, "I would recommend Home Instead; in fact, I've already recommended them to others who need this sort of service." Another person told us, "I would definitely recommend Home instead because they are very good, and they seem to get the staff to suit you. They personalise the care to you." A third person commented. "For recommendation, I would say, give Home Instead a go because they are there to help and the two regular people I've had really fit in with my lifestyle."
- There were audits across all key areas of the service. For example, COVID-19, care plans and medicines. Any action required was added to a plan to give an overview of performance and any areas that needed addressing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People's views were sort, valued and responded to. Examples included choice of staff and change of visit times. One person said, "I usually get my say in what I want done and they respond straight away without question."
- Regular newsletters were given to people which provided information about staff changes, local events and how to stay safe.
- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.
- The registered manager reviewed events and would share any learning with the staff team as necessary to help improve the service to people.
- The registered manager worked with other professionals to ensure support and the right care for people.

For example, liaising with relevant health care professionals involved where people's needs changed.