

Fine Homecare Ltd

Home Instead Senior Care Godalming

Inspection report

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Date of inspection visit:

30 April 2019

09 May 2019

22 May 2019

10 June 2019

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12 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Instead Godalming is a domiciliary care agency that provides support to people living in their own homes. Not everyone who used the service received 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. There were 12 people receiving the regulated activity of personal care at the time of our inspection.

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

Home Instead Godalming is a new agency that focuses on providing personal support through companionship. Feedback was positive about the service people received. People felt valued and told us that their care met their needs and enabled them to continue to live their lives as they wished.

There were good systems in place to keep people safe. Risks had been assessed and action taken to safeguard people from the risk of abuse or avoidable harm.

Enough staff were employed to meet the needs of the people who received personal support. People were supported by a regular and reliable team of staff who knew them well. Staff were kind and compassionate in their approach and supported people to retain their independence and live full and meaningful lives.

The provider took appropriate steps to ensure staff were suitably vetted prior to appointment. Specialist and mandatory training were ongoing to ensure staff had the skills and experience to support people effectively.

Each person was assessed prior to the commencement of care, from which a personalised plan of care was devised. A new electronic care and monitoring system provided real time oversight of the care being delivered.

The management team worked proactively with other healthcare professionals to ensure a holistic approach to care. There were systems in place to keep people healthy, hydrated and ensure medicines were administered as prescribed.

The provider was proactive and committed to delivering high quality support and had a clear strategy for expanding the business, without compromising on quality.

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 07/05/2018 and this is the first inspection.

Why we inspected

This was a planned inspection as part of our routine schedule of inspections.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Home Instead Senior Care Godalming

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

The inspection was carried out by one inspector.

Service and service type

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

The service did not have a registered manager at the time of the inspection. The registered manager had recently left working for the agency and the provider was in the process of applying to take over this role. A person that is registered with the Care Quality Commission is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because the service is still small and office staff also deliver care to people. We needed to arrange a suitable time for us to visit the office and obtain up to date details of the people receiving a service.

Inspection activity started on 30 April 2019 and ended on 10 June 2019. We visited the office location on 9th May & 22nd May 2019.

What we did before inspection

We reviewed information we had received about the service since they registered with us. 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 visited three people who used the service and spoke with a further three people on the phone about their experience of the care provided. We spoke with five members of staff including the provider.

We reviewed a range of records. This included four people's care records and three staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and attempted to gather feedback from other professionals involved with the service.

Is the service safe?

Our findings

Safe – this means that people were protected from abuse and avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. For example, one person said, "They treat me well and I feel very safe in their hands."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. One staff member told us, "We had a training workshop on safeguarding and I feel confident with the protocols I'd need to follow if I had any safeguarding concerns. I would always report concerns to the office immediately, but I am also aware that other agencies like social services or the police may need to be alerted too."
- Safeguarding was discussed at every staff meeting and staff were able to give examples of the types of things they were expected to look out for to identify if someone was at risk of abuse.
- The provider ensured that any safeguarding matters were appropriately reported to all relevant agencies. Following her decision to become the registered manager, the provider had also enrolled herself on a new safeguarding course to ensure she keeps fully up to date with best practice in this area.

Assessing risk, safety monitoring and management

- People told us that staff provided them with support that enabled them to lead their lives safely and, in the way, they wanted. Staff supported people to access the community, prepare meals and continue to participate in tasks around their home. One person informed us, "I feel we are in safe hands for the future."
- Risks to people were appropriately assessed and managed in a way that balanced their safety and right to freedom. Each person's care plan was linked to a set of risk assessments that outlined how identified risks could be mitigated. For example, where people were at risk of falls, malnutrition or dehydration. The ethos of the agency was to support people to safely retain their independence.
- The provider had appropriate contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- People spoke highly of the staff who supported them and told us they had never experienced a missed call or received care at the wrong time. For example, one person told us, "They are totally reliable and necessary changes to me are always communicated." Another person commented, "They have never missed a call and if they are running late due to traffic, then the office ring me to let me know."
- People told us that they were usually supported by the same small number of staff and that they appreciated having consistent care. One person said, "I have the same member of staff every morning and evening at the same day; which is great because it means I can plan my day."
- As a new agency, the provider had demonstrated a commitment to only accepting new care packages for

people once they had the staff in place in support them. The provider told us, "I have turned down new packages, because I will only take people on when I am confident we can support people to the high standard we promise."

- The provider operated a robust recruitment process which was designed to ensure new staff were both safe and committed to providing support services. For example, in addition to obtaining clearance from the Disclosure and Barring Service, the provider obtained four references for prospective staff and required prospective new employees to attend a three day 'Welcome Workshop' in which their skills and values were assessed. The provider told us, "The Welcome Workshop enables both us and the prospective staff to see if they will be the right fit for our team."

Using medicines safely

- There were systems in place to support people safely with their medicines and ensure they received their medicines as prescribed.
- Staff received training in the safe administration of medicines and demonstrated they understood how to do this in practice. For example, staff were clear what support they were authorised to give each person they supported and knew what to do if they were asked to do something outside of the care plan.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. The electronic recording system alerted the office if staff had not confirmed medicines had been given as per the care plan.

Preventing and controlling infection

- People told us that staff maintained a good level of hygiene. For example, one person told us, "They always use gloves and aprons when they should do and make sure they keep their hands and surfaces clean when they are in the kitchen." Another person commented, "Oh yes, they use gloves automatically."
- There were appropriate systems in place to manage infection control and staff confirmed that they had completed relevant training on induction. One member of staff said, "We all do training in infection control and food safety and it's something they check on."
- Staff talked about the steps they took to ensure infection risks were managed. For example, one member of staff told us, "It's all about good handwashing, disposing of soiled items appropriately and thinking about what the infection risks might be all the time."

Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. For example, the provider told us how a new electronic scheduling system had been implemented following a near miss with the manual system. They said, "As soon as the business grew, we knew we needed to improve our operating systems to ensure nothing got missed."
- Accidents and incidents were routinely reviewed to establish learning which was shared with staff. The provider informed us, "We had a situation with one of our clients, so we discussed it as a team and shared how different staff supported this person. This meant that we were able to be consistent in our approach with this person."
- Staff who had left the service were encouraged to complete a questionnaire about their reasons for leaving. The provider told us, "It's really important for us to understand why something hasn't worked out, this then shapes the way we recruit and support staff going forward."

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.

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

- An assessment of people's needs was carried out prior to care being delivered. For example, one person told us, "The manager came and visited me at the start and we discussed what support I wanted, and the staff follow that."
- Each care plan was linked to the needs identified in the person's assessment. The information recorded was personalised and clearly reflected peoples' needs, wishes and expectations.
- Where people were funded by the local authority, the agency had assessed the person alongside their social care assessment.

Staff support: induction, training, skills and experience

- People praised the standard of support they received from staff. For example, one person told us, "They really are very good." Likewise, another person said, "I am very happy with the staff that help me, and I feel very safe in their hands."
- Staff had the skills and experience to meet people's needs effectively and received ongoing training and support. In addition to a host of mandatory training, staff talked to us about a specialist dementia course they had undertaken and how much this had helped them to understand the needs of people better. For example, one staff member told us, "After the dementia training, I helped one of the people I support to create a memory book. We've written down who she is and all her family members and then we use this a prompt when we're chatting."
- New staff completed the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives. They also shadowed more experienced staff until they felt confident working alone.
- Staff were well supported by the office team and this enabled them to deliver their own roles effectively. For example, one member of staff told us, "I have absolute confidence in the support I get from the office. There is always someone I can call on for help when I need it. They are very responsive like that."

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

- Staff were creative in the way they supported people to maintain a healthy diet. For example, one staff member told us, "One person was at real risk of self-neglect when I first started to support them and would often choose not to eat. Gradually, we've built a rapport and made mealtimes into more of a social event and she's now trying different things and putting on weight."
- Care plans included detailed information about people's dietary needs and nutritional risks. This information was used alongside knowledge about people's preferences about the food they enjoyed and timings of meals to create personalised support plans which staff followed.

Staff working with other agencies to provide consistent, effective, timely care

- People told us that they were mostly supported by the same staff which enabled consistent support. For example, one person told us, "I've pretty much had the same staff from the beginning and if they have been on holiday then the office have always personally introduced their replacement to me." Likewise, another person said, "I have the same staff coming to me twice a day and they are very good."
- Information about each care visit was recorded, including whether referrals to other professionals had been made. This ensured that everyone involved in supporting people had access to current and accurate information. All staff confirmed that the new electronic recording system had really helped ensure everyone was kept in the loop about what was going on.

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

- People were supported to maintain good health and access other professionals as needed. For example, one person told us, "If I'm not feeling well, then they always offer to contact the doctor on my behalf."
- The office team worked effectively with other professionals. For example, when people's needs had changed, staff had proactively made referrals to other health and social care professionals to ensure people received the support they needed. Similarly, staff had worked in partnership with district nursing teams.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People were fully involved in all decisions about their care and staff understood the importance of gaining people's consent prior to delivering support. For example, one person told us, "They always involve me in all decisions."
- Staff had a good understanding of people's legal rights and how this affected the way they provided support to people. For example, one member of staff told us, "Initially one person didn't want to accept any personal care. They had capacity, so I had to respect that decision, but over time they have learned to trust me and now they will let me help them on their terms."
- The provider knew what action to take to ensure a decision was made in the person's best interests if they identified a person lacked capacity and gave examples of where they had supported people in this way.

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.

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 supported by a team of staff who were committed to delivering kind and compassionate care. For example, one person told us, "We feel very spoilt to have such nice people helping us." Likewise, another said, "They make me feel very cherished."
- The ethos of the agency was about providing companionship to people and as such a lot of consideration was given to matching clients with staff with whom they shared interests and experiences. For example, one person talked to us about how much they appreciated having the support of a staff member who enjoys cooking and baking as much as they did. They told us, "We made a Christmas cake together and it absolutely meant the world to me to still be able to do that for my family." Another person expressly requested to only be supported by male staff and this was reflected in their care plan and the staff allocated to them.
- Staff respected people's cultural, religious and spiritual wishes and supported them to practice their beliefs. For example, at a person's request, they had been sensitively matched with a member of staff who supported them to visit a medium.
- Staff were passionate about their roles and routinely went, "The extra mile" to support people. For example, one staff member told us, "The best thing about working for this agency is that they give us the time to support people properly." They went on to explain how a person had been previously been withdrawn, but through their companionship they were now starting to enjoy life again. Likewise, another member of staff had arrived at a person's home to discover that their freezer had broken. The staff member had contacted the office and requested additional time with the person, so they could help them buy a replacement and re-stock the contents because the person lived in a rural location and relied on storing food in this way.

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

- People were actively involved in making decisions about their care. One person told us, "I like to feel in control and they respect that and involve me in everything." Likewise, another person said, "They are reliable and accommodating, which means I can plan my day around me."
- Staff understood the importance of respecting people's choices and supporting them to live their lives as they wished. As such, one member of staff informed us, "We take our lead from the clients, we ask them what support they want and then follow that."
- The provider had recently started involving people in the staff 'Welcome Workshops' which enabled them to be part of the recruitment process and express the qualities that were important to them.
- The provider ensured every client was personally introduced to staff at the start of their support package.

This was then followed up with a phone call after the visit to ensure the person was happy with both the staff member and the care plan. People told us that made them feel empowered and that their opinions mattered. We saw that on the few occasions where the matching process had not worked, the office team had acted swiftly to change staff.

- Care records reflected people's choices about how their support should be delivered. For example, we saw that people received their care at times which reflected their personal routines.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way which respected people's privacy and dignity. For example, one person told us, "I feel very comfortable with them. They always treat me well and respect my privacy." Similarly, another person said, "They treat both myself and my home with absolute respect."

- Staff talked confidently about how they upheld people's dignity and supported them to maintain their independence. For example, a staff member said, "I always leave the room if physical assistance is not required." Similarly, another staff member described, "It's our job to support and guide, rather than just do things for people if they don't need that level of support."

Is the service responsive?

Our findings

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

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 told us that they received support that was personalised to their individual needs and choices. For example, one person said, "It suits us down to the ground."
- People were involved in planning their own care that was regularly reviewed with them.
- Each person had a plan of care that was broken down into a series of electronic tasks that staff had to complete at each visit. This system provided a live account of the care being provided which was monitored by staff working at the office.
- Support was responsive to people's needs. We saw examples of where care had been both increased and reduced to reflect people's changing needs. For example, one person had previously been allocated a large package of support, but as their strength and independence had improved, this had gradually been reduced. Conversely, another person now required more personal support and their care had been amended to reflect this.

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.

- People received information in a way that was respectful of their communication needs. For example, one staff member told us that they had introduced a diary for one person living with dementia so that they could visually check each day to see who was supporting them and when.
- Staff had a good understanding of how to communicate effectively with people. For example, where people experienced hearing loss, staff ensured they communicated with the person face to face rather than over the phone.

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 were given the time to support people in the way they wanted. For example, one member of staff told us, "When I first started supporting [person's name] they were very depressed and refusing support. Over time I've managed to befriend them through music and crosswords and now they are much happier and are happy for me to support them."
- Staff supported people to maintain social contact and lead meaningful lives. For example, by encouraging people to access their local communities and areas of interest. One staff member had recently arranged a surprise trip for her clients to visit a local museum which they thoroughly enjoyed. Another member of staff had helped a person's family to find new ways of engaging with their loved one.

Improving care quality in response to complaints or concerns

- People told us that they knew how to raise concerns and would feel confident to do so. For example, one person said, "I've had no complaints, but if I did have to ask for something to be different then I know that would be accommodated."
- The provider actively sought feedback as part of their ongoing commitment to develop the service. Where issues had been raised, these had been recorded and appropriately resolved. For example, a relative had complained that a member of staff had left a person's window open after cooking. The person's care plan had been updated and a task set for all staff to ensure windows were checked and closed prior to leaving the property.

End of life care and support

- The agency was not currently providing end of life support within its range of services. This had been openly communicated to people and where people's needs had deteriorated, the agency had linked with other local providers to deliver this care in line with people's wishes.
- The provider had a clear plan as to how end of life care would be developed in the future and this included staff undertaking accredited training in this area.

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.

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

- People consistently told us they received support from a well-managed agency. For example, one person said, "I honestly can't find any fault with them. I wouldn't hesitate to recommend them."
- The provider promoted a commitment to high-quality care and had a clear direction for continuing to develop the services provided with people at the heart of what they do.
- Staff were proud to work for the agency and shared the provider's values. For example, one member of staff told us, "One of the great things about working here is that they [provider] care so much about their clients and have high standards. We get given time to spend with clients."

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; Continuous learning and improving care

- The provider operated an open and transparent culture and expected the same standards from her staff. For example, staff recruitment focused heavily on assessing the core values of prospective staff.
- Feedback was actively sought, and concerns were acted upon with honesty and integrity. When things had gone wrong, the provider had openly apologised and reflected on how things could be improved.
- As the service was still small, the office team, including the provider were still hands on in the delivery of care. There were however clear plans in place to monitor and audit the service and develop these systems as the service grows.
- As part of the Home Instead franchise, the provider had a good network of support for ongoing learning and development. For example, regular external monitoring, access to training and guidance forums provided a platform for best practice to be shared within the franchise group.

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

- The provider was aware of their legal responsibilities and ensured CQC and other external agencies were notified of significant events.
- In making the decision to become the registered manager, the provider kept herself up to date with best practice and there were monitoring systems in place to ensure regulatory requirements were understood and met.

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

- People were encouraged to be partners in their own care and ongoing quality checks formed part of this

process. People told us they were regularly consulted about their levels of satisfaction and that any ideas for improvement were always listened to and implemented.

- The provider had adopted an outward-facing view of the service which promoted engagement with the wider public. For example, the team were active members of the Dementia Action Alliance Team in Godalming and had recently provided their dementia-trained staff to support local events for people living with dementia.

Working in partnership with others

- The management team had developed effective working relationships with other professionals and agencies involved in people's care. For example, we saw positive feedback received from one social worker in respect of the effective multi-agency working and progress a person had made since being supported by the agency.

- Where people have specialist conditions such as macular degeneration, agency staff have worked in partnership with the Macular Society to enable the best support to be given to clients.