Belton Care 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

The inspection took place on the 17 and 23 May 2016.

Home Instead Senior Care is a domiciliary care agency (DCA) registered to provide personal care and support to people in their own homes. At the time of our inspection 53 people were using the service. Of those 53 people, 19 received personal care and the remainder received help in their home or companionship services. We only looked at the service for people receiving personal care as this is the activity that is registered with the Care Quality Commission (CQC).

A manager was in post and was going through the process to become a registered manager with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was supported by a deputy manager to ensure the daily management of the service.

People who used the service provided us with very positive feedback. They told us they received a reliable service and received a good standard of care from a consistent staff team who were matched to people who shared the same interests; this helped to build positive relationships. Staff were caring and kind and knew the people they cared for well.

People and their relatives told us they felt safe. Staff were aware of their responsibilities to keep people safe and to protect them from harm and abuse. Risks to people were well managed and assessments were undertaken to keep people safe. The provider had effective recruitment processes in place which ensured people were protected from the risk of avoidable harm. Medication management, where required, was good and people received their medication as prescribed.

Staff received regular training and were knowledgeable about their roles and responsibilities. Care plans were person centred and included people's preferences and routines. Care plans were regularly reviewed and people, and the people that mattered to them, were involved in the planning and review of their care. Care plans contained sufficient information to enable staff to care for people safely. People told us they were very happy with the care and support they received and that they were treated with dignity and respect. People were supported, where required, to have sufficient amounts to eat and drink and to access health and social care professionals and services.

The manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

There was an effective complaints system in place and people told us that they were confident that any concerns would be listened to and acted upon.

The service had a number of ways of gathering people's views which included talking with people, staff, and relatives. There were quality assurance systems in place to monitor the quality of the service and to help ensure the service was running effectively, meeting people's individual needs and working towards continuous improvement.

Staff told us they felt valued and enjoyed working for the service. They were committed to providing a high quality service to people.

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.

People told us they felt safe. There were systems in place to manage risks and ensure people's safety.

There were safe and robust recruitment procedures in place to ensure people received their support from staff who had been deemed suitable and safe to work with them. The service had the correct level of staff to meet people's needs.

There were appropriate systems in place to support people with their medicines

Is the service effective?

Good

The service was effective.

Staff received an induction and on-going training to support them to deliver care and fulfil their role.

People's healthcare needs were met and they were supported to access healthcare professionals.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People who used the service and their families valued the relationships they had with staff and were very happy with the care they received.

People were involved in making decisions about their care and the support they received.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responsive to people's individual needs.

The provider had an effective complaints system. Complaints were responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

Staff felt valued by management and they were clear about their roles and responsibilities.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

The provider worked to establish community links.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 and 23 May 2016 and was announced. We did this to ensure the manager was available to assist us with the inspection. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report and statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

We spoke with four people, three relatives, four members of care staff, the recruitment, retention and training coordinator, the care coordinator, the provider and the manager. We reviewed four people's care files, three staff recruitment and support files, training records, arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. The service had safeguarding and whistleblowing policies in place and staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protecting them from harm. Staff we spoke with knew how to recognise abuse and how to report it. One member of staff told us, "If I thought someone was being abused I would notify management immediately and if I felt it necessary would call the Police or social services." Another member of staff said, "There are lots of signs to looks out for, for example someone may not be as happy or bubbly as usual or they may have bruises. I would report any concerns immediately to management and if they were not addressed I would contact head office or, if I had to, the Police, social services or CQC."

Staff had the information they needed to support people safely. Risk assessments were undertaken to keep people safe and manage any identified risks; for example moving and handling, mobility, bathing and showering, nutrition and hydration and medication. These had been regularly reviewed and updated to meet people's changing needs. Environmental assessments of people's homes were also undertaken. There were systems in place to record and monitor incidents and accidents; these were monitored by the manager and the provider which ensured that if any trends were identified, actions would be put in place to prevent reoccurrence. Staff had a good knowledge of people's identified risks and how to manage them.

Staff knew what to do in emergencies. The service had an out of hour's on-call system for staff to call in the event of an emergency or if they had any concerns and required guidance or support. Staff told us they were able to access support whenever they required it. The 'out of hours' service was also available to people who used the service.

There was a robust recruitment process in place. This included dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). As part of the recruitment process staff were required to successfully complete the provider's induction programme before being offered employment. This provided an opportunity for staff, and the provider, to decide whether the role was suitable for them. The manager told us, and staff confirmed, that staff were not allowed to start working for the service until their DBS check and references had been received. A checklist system was in place to ensure all elements of the recruitment process had been completed. Regular competency assessment spot checks were undertaken by senior staff and the manager to ensure staff were safely and effectively carrying out their duties.

There were enough staff to meet people's needs. People and their relatives told us that the service was reliable and they received support from a consistent staff team. People told us there had been no issues with staff arriving on time, leaving early or missed calls. One relative said, "They are very punctual and on time. [Name of carer] is always sitting outside 15 minutes before they are due." The service offered a minimum of one hour visits and staff told us they did not feel rushed in carrying out their duties. A relative said, "The minimum one hour slots allow for proper care to be provided." The provider had a computerised

software system which enabled them to monitor and record visits. The system generated an alert if a member of staff had not arrived at a person's home within 15 minutes of their scheduled time of arrival. This ensured the office or the person on-call took appropriate and timely action such as contacting the member of staff, keeping people informed and, if required, arranging for another member of staff to attend.

Where staff managed people's medicines they did so safely. People received three levels of support for taking their medicines; these levels were determined through the assessment of people's medication needs. Level one was for people assessed as requiring prompting only, level two required staff to administer people's medicines and level three was for specialised medication administration. People told us, and records confirmed, that staff recorded any prescribed medication in their medication administration record (MAR). However, we noted that there were no signatures on the MAR's we reviewed which confirmed who had written the MAR sheets; there were also no second signatures to demonstrate they had been checked by another member of staff in line with good practice. We discussed this with the manager who immediately arranged for the provider's MAR sheets to be updated with this information. Staff who administered medication had received medication training and had their competency checked regularly. The manager told us they had introduced a more thorough medication audit to ensure staff were adhering to service guidelines and people received their medication safely and as prescribed.

The provider had a business continuity plan in place. This meant that systems were in place to minimise any adverse impact on the service people received in the event of an emergency such as severe weather and IT system failure.

Good

Is the service effective?

Our findings

People, and their relatives, told us they were cared for by competent and skilled staff and were happy with the service they received. One person said, "I like them [staff] they are like an extended family; they know what they're doing." Feedback from relatives included, "We are very fortunate, we have a consistent [staff] team who are well trained and who work effectively as a team;" and, "They [staff] look after my parents' needs effectively and safely enabling them to remain living in their own home."

Staff had undertaken an induction programme and were supported to obtain the knowledge and skills to provide good care. New staff were supervised by senior staff to check they were competent to deliver safe care before working alone. One member of staff told us, "The induction was very good. I learnt about issues associated with older people including dementia, osteoporosis, CPR and when to call an ambulance or 111. I now feel confident that I can properly care for someone." Another member of staff said, "The induction was good but I learnt a lot more 'out on the field'; I've been really lucky as I've been working with experienced staff and been taught how to do things properly." A relative told us, "[Name of staff member] is very sharp on standards and makes sure staff are well trained. When a new person [staff] starts they get introduced [to person] and shadow a senior member of staff so that they can 'see and do' the job."

Staff told us, and records confirmed, they received ongoing and refresher training relevant to their role. One member of staff said, "[Name of recruitment, retention and training coordinator] emails us all the time about training courses and we have plenty of refresher training. To meet the needs of the people I care for I have also had Alzheimer's, catheter care, pressure ulcer and tissue viability training." Another member of staff said, "[Name of recruitment, retention and training coordinator] is fantastic, proficient and incredibly helpful. I feel I have had all the training I need to meet people's needs. I would like to go on to do a NVQ and [name of provider] is supportive of that; we are encouraged to go on and get more qualifications." The recruitment, retention and training coordinator told us, and records confirmed that following training staff were observed when working in people's homes to assess whether any additional support or training was required. This meant that people received effective care from well trained staff.

The recruitment, retention and training coordinator told us that they were in the process of introducing an e-learning package for staff to complete. The training would cover all 15 standards of the new Care Certificate and staff would be expected to complete one module each month. They told us staff would be able to complete the training at home or at the office where IT support would be available to staff. They told us the training would enable them to monitor the staff team's strengths and weaknesses and adjust training needs accordingly.

People and their relatives confirmed new staff were introduced to them and staff were effectively matched with people. The manager told us that it was important for people using the service to have a consistent staff team going into their homes; they said, "Continuity of care is so important and we strongly encourage a 2 to 3 member staff team to cover staff sickness and ensure no one [staff] goes into a person's home who doesn't know them." The provider said, "We focus on care and pick staff who we think will be best suited by getting to know people and seeing what their hobbies and interests are." During our inspection we observed

a discussion between the care coordinator and the recruitment, retention and training coordinator, discussing the shared hobbies and interests of a person and a member of staff and agreeing the staff member would be a suitable match for the person.

Staff told us they felt valued and supported by management. Although staff told us they had received supervision, there was no evidence on the staff files we reviewed that supervisions or appraisals had taken place over the last twelve months. The manager showed us a supervision/appraisal matrix they had recently developed to ensure all staff received regular supervision and had an appraisal in place. This meant staff would have a structured opportunity to discuss their practice and development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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. The manager had a good understanding of the MCA and how to ensure people who did not have capacity to make decisions themselves had their legal rights protected. People had been involved in the process of developing their care plans and had signed consent forms to formally record their consent to the care planned. Consent documents on the files we reviewed had been signed and, where people lacked capacity, the consent forms had been signed by family members who had been granted lasting power of attorney (LPA). This means that people can give legal authority to a nominated person to make decisions on their behalf if they lack mental capacity. Copies of the LPAs were placed in people's care records. Prior to care and support being provided staff told us they asked for people's consent and acted in accordance with their wishes; this was confirmed by the people we spoke with. One member of staff told us, "It's really important to gain people's consent, I'm there to help and encourage them but I cannot force them to do things. If they refused I would report to the office, this is what we were told to do during our induction."

People were supported to have enough to eat and drink. Information on people's nutritional needs, including food likes and dislikes, were detailed in their care plans. One relative said, "We did buy ready-made meals but [relative] doesn't like them. Now [name of staff member] comes and makes a meal with fresh ingredients from the fridge; they are good at encouraging [relative] to eat particularly as they don't have much of an appetite." We observed during our home visits that drinks had been left for people and were easily accessible. One person told us, "They always leave us plenty of drinks and at night time too in case we need a drink during the night."

The service supported people to meet their health needs. Staff told us because they knew people so well they were able to notice if they became unwell and, if they had any concerns about a person's health, they would inform the person's family, notify the office and, if necessary, directly contact healthcare professionals for example the person's GP or emergency services if needed. This demonstrated that staff knew people well and ensured an effective person centred service.

Good

Is the service caring?

Our findings

People using the service, and their relatives, spoke positively about the care and support they received. Comments included, "They are first class, they are not only professional they are part of the family."; "They treat me with respect and are very kind and caring." and, "Staff are very supportive and caring, they have got to know my parents as human beings not just as clients, they take an interest and get the best out of my parents. Without them they wouldn't be able to live in their home."

The manager ensured people received continuity of care from staff who worked in small teams and supported the same people. This meant people received consistent care and support from staff who understood their needs and knew them well. New staff were introduced to people before they started delivering care; this was confirmed by people we spoke with. The manager told us they checked people were happy with the staff supporting them and made changes if required. A relative confirmed to us they had contacted the service requesting a change to one of the carers, they said, "We made a change, it wasn't because they [staff member] couldn't do their job, they just didn't 'gel' so the manager arranged for another carer to join the team." A survey undertaken in 2015 by an independent organisation on behalf of the provider recorded that 100% of people who used the service said staff took an interest in them as a person and that staff were well matched to meet their needs. A community professional told us, "Feedback I've had from service users is that Home Instead offers a high quality, caring service. I would and do recommend them."

Staff knew people well and care plans contained detailed information on people's life histories and how people liked to be supported. People and their relatives told us they had been fully involved in developing and reviewing their care plans. The manager explained to us how they monitored and reviewed people's care on a regular basis. One relative told us, "[Name of staff member] came here on Monday to update the paperwork. There were a lot of interruptions but they remained professional throughout and did an outstanding job of the paperwork; our views are always listened to."

Staff treated people with dignity and respect. People told us that staff listened to them and respected what they had to say. One member of staff said, "It's important to respect people's feelings and opinions; also to be gentle when delivering personal care and treat people with kindness which is how I would like my nearest and dearest to be looked after." People and their relatives valued their relationships with staff and spoke highly of individual staff members. One person said, "[Name] is brilliant she makes sure I'm ok". People told us that staff encouraged them to remain as independent as possible. A relative said, "I could not manage by myself, the carers know when to hold back and when to intervene, and they are respectful and maintain my [relatives] self-esteem". People's privacy was respected and staff received guidance in relation to dignity and respect during their induction. Records confirmed that their practice was monitored and observed by senior staff who carried out regular spot checks.

The service held information in the office about local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. At the time of our inspection there was no one accessing advocacy services.

Good

Is the service responsive?

Our findings

People told us they felt the service was flexible and responsive to their needs. Each person had a full assessment of their needs completed prior to using the service. Information from the initial assessment was used to develop people's care plans and included information on people's personal histories, their preferences for care and how they wanted to be supported. A relative told us, "The manager came and did a very thorough initial assessment and asked about the hobbies and interests [name of relative] enjoys. It was a good opening meeting and someone will come back in a few weeks' time to review the care plan."

The care plans we looked at provided sufficient information on people's care and support needs which enabled staff to care for people safely. People, and their relatives, told us that they were fully involved the care planning process and their views were listened to. The manager told us, and records confirmed that people's care plans were reviewed regularly. A relative said, "As things [care needs] have come to the fore, the hours have increased and the care plans have been adjusted to meet these changing needs. I can relax when I am not here and can go away for a break safe in the knowledge that my relatives' needs are being met." This meant staff had up to date information and were able to provide a personalised and responsive service which met people's individual needs.

The service had a robust complaints process in place for people to access. People told us they did not have any complaints about the service they received but all said, if they did, they would contact the office or the manager and felt their concerns would be listened to. The provider told us they operated an 'open door' policy and strived to address any concerns in a timely manner. Prior to our inspection the service had received two complaints within the last 12 months. Records confirmed that these had been dealt with appropriately in line with the provider's policy and procedure. Improvements had been made to the service as a result of one of the complaints. This demonstrated that the service learnt from complaints and used complaints as a tool for continuous improvement. It was noted the service had received three compliments in the past 12 months thanking staff for the care provided to their relatives.

Good

Is the service well-led?

Our findings

The service had a manager in post who was in the process of becoming a registered manager with the Care Quality Commission. The manager was supported by the provider and worked in the office on a daily basis. The manager was able to demonstrate to us that they had a good knowledge of the people using the service. People and their relatives told us they could speak to the provider or to the manager whenever they wanted to, they were very approachable and supportive and that they were confident in the way the service was being managed. One relative told us, "Formulating a great team takes great leadership and communication. The manager has come out to see us a few times since she started working at the service and she does what she says she is going to do."

Staff shared the provider's and manager's vision and values to provide high quality care for older people living in their own homes. Comments included, "I ensure people are happy and as independent as possible in their later years and ensure their life is enjoyable;" and, "The clients have lived their lives looking after people and working, they are vulnerable and it's my duty to make the quality of their life better."

Staff told us they felt well supported and valued. They said both the manager and the provider were visible within the service and operated an 'open door' policy. All the comments we received from staff were positive. Comments included, "I am very well supported and I can always go into the office or call if I'm not sure about anything." and, "I always feel supported, [name of manager] is approachable and my clients and their families love her. I feel she is aware of what needs to be done and is implementing changes; she is very proficient and passionate. [Name of provider] is also very passionate and committed to providing the best quality care to people."

Regular staff meetings were held where a range of topics were discussed such as feedback on spot checks, record keeping, training and business changes. Staff who were unable to attend team meetings were sent copies of meeting minutes. The provider and manager told us that they were currently reviewing the way in which staff meetings were held and consideration was being given to holding 'mini' team meetings with staff based in the locality where they worked to enable greater participation by staff. The provider also sent out regular newsletters to staff, and people who used the service, to keep them updated about the service.

The provider actively sought the views of people who used the service, their relatives and staff and feedback was used to improve the quality of the service. This was done in a number of ways such as quality assurance telephone calls, service reviews, spot checks and surveys. We looked at the results of the annual survey which was undertaken in 2015 and noted that 88% of people who used the service would recommend the service to others. One relative told us, "We are listened to, no one is expecting 100% at all times but we are given 100%." Staff were also invited to participate in the provider's annual staff satisfaction survey. We noted from the 2015 survey that 82% of staff felt the service was well led and 94% of staff were clear about what was expected of them in their role.

There were a number of quality assurance systems in place such as medication, care plans and risk assessments audits. Spot checks were also undertaken by senior staff to observe staff practice, attitude and

behaviour. The provider told us that there had been a heavy focus on compliance over the last six months and that he was working closely with the manager to develop better auditing systems; he said, "We have let our guard down prior to [name of manager] arrival. [Name of manager] and our national office have highlighted where we need to improve. Quality comes first not numbers [of clients] and we need to build on solid foundations." The provider received support from the quality assurance team at Home Instead's national office and we saw a copy of an action plan which had been developed following a monitoring officer's visit to the service in May 2015.

Information relating to people's care was held in folders in their homes; staff updated these during each visit. They were then removed and stored in a locked filing cabinet at the provider's office to ensure people's private information was kept secure.

The provider told us they received weekly bulletins from the national office of Home Instead and used the CQC and NICE websites to obtain guidance relevant to the management of the service. They also attended regional franchise owners meetings and Home Instead's annual conferences. The manager told us she was well supported by the provider. She said, "[Name of provider] is very honest and if I tell him I need anything he will support me to get it. I can also call [Home Instead's] national office if I have any queries." The manager told us she was able to speak with managers from other Home Instead services and hoped to set up local managers meetings which would provide an opportunity to share best practice and discuss challenges.

The provider promoted the well-being of people and worked actively in the local community to raise awareness of the difficulties faced by older people. For example during our inspection the service delivered a dementia awareness workshop to the public and health and social care professionals. The provider was also a member of the Older People's Assembly which met bi-monthly with the local authority to raise awareness of the issues affecting older people. One community professional said, "[Name of provider] is seen often in the community, whether it be at information events or at meetings, he is passionate about care in the community and always contributes. He is very knowledgeable about his organisation and also what else is available in our area. If I need to find out anything or want some information, I'll contact him. He's always happy to help or advise."