

Assured Lifestyle Limited

Home Instead Senior Care

Inspection report

Plantsbrook House, 94 Gracechurch Shopping Centre
The Parade
Sutton Coldfield
West Midlands
B72 1PH

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07 November 2016
09 November 2016

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16 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 7 and 9 November 2016. This was our first inspection since the provider registered with us after moving their office base in February 2016. Home Instead Senior Care was registered to provide personal care support to people living in their own homes in the Sutton Coldfield, Lichfield and Tamworth areas. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 65 people were receiving personal care support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff gained people's consent before they were supported. However, when people were not able to make decisions about their care, even though the provider had considered their capacity, they had not assessed this and was not able to show why decisions made on behalf of these people were in their best interests.

People felt safe having the support and staff knew how to protect people from harm and abuse. There were arrangements in place to keep people safe in their homes and the provider had considered staff safety when at work. Risks to people were assessed and managed and staff knew how to supported people in a safe manner. There were enough staff to meet people's needs and the provider had safe recruitment processes in place. People were supported to have their medicines safely.

Staff were equipped with the knowledge and skills required to carry out their roles. When required, people were supported to have a balanced diet and maintain their health and wellbeing.

People were supported by staff who were kind and compassionate and knew them well. They felt listened to and were enabled to maintain their independence. People were treated with dignity and their privacy was respected.

People were involved with the planning of their care, and the support was responsive to their needs. They received support that was individual to them and their care records were personal to them. People knew how to raise concerns or complaints, and the provider acted on these in a timely manner.

The service was well managed and there were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives and staff, and the registered manager had a programme of audits that were used to drive continuous improvement within the service.

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 felt safe receiving support and staff knew how to protect people from harm and abuse. There were arrangements in place to keep people safe in their homes and the provider had considered staff safety when at work. Risks to people were assessed and managed and staff knew how to supported people safely. There were enough staff to meet people's needs and the provider had safe recruitment processes in place. People were supported to have their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff gained people's consent before support was given. However, when people were not able to make decisions about their care, the provider had not assessed their capacity in relation to this. The provider was not able to show why decisions made on behalf of these people were in their best interests. We have made a recommendation about working in accordance with the Mental Capacity Act. Staff were equipped with the knowledge and skills required to carry out their roles. When required, people were supported to maintain a balanced diet and good physical health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and compassionate and knew them well. People felt listened to and were enabled to maintain their independence. People were treated with dignity and their privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved with the planning of their care, and the support was responsive to their needs. They received support

that was individual to them and their care records were personal to them. People knew how to raise concerns or complaints, and the provider acted on these in a timely manner.

Is the service well-led?

Good ●

The service was well led.

People who used the service and staff were positive about the management and leadership in place. There were effective systems to assess, monitor and review the quality of the service, and these were used to drive continuous improvement.

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 visit took place on 7 and 9 November 2016 and was announced. We gave the provider two days' notice because the location provides a domiciliary care service and we needed to make arrangements to speak with people who used the service and staff. At the time of our inspection, 65 people were receiving personal care support. The inspection team consisted of 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan. We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We used a range of methods to help us understand people's experience. We visited seven people (some with their relative or friend), and spoke with five people and three relatives on the telephone. We also reviewed questionnaires from 28 people who used the service. We spoke with seven members of care staff (known as caregivers), a scheduler, the business coordinator, a caregiver experience lead and the registered manager. We also reviewed the independent survey the provider shared with us. We used this information to help us form a judgement about the support people received.

We looked at the care plans of five people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality

of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe having support in their homes. One person said, "I do feel safer at home; it's a nice feeling that someone's coming in, it gives me reassurance." Another person told us, "I'm comforted to know they will be there when I need them." One relative commented, "I have real trust in the caregiver. I'm perfectly happy to leave them in the house with my relation."

Staff knew how to protect people from harm and abuse. One caregiver said, "A lot of people we support are on their own, and can be vulnerable. We need to know how to keep people safe." Staff we spoke with told us about the different types of abuse that could happen. They were able to describe the signs to look out for that might indicate someone was being harmed. One caregiver said, "Someone may have a change in their mood, they may be withdrawn." Another caregiver told us, "There may be physical signs like bruising or marks." Staff told us how they would report any concerns and one caregiver commented, "If I had any concerns at all, I would contact the office straight away. I know they would respond and deal with it quickly."

We saw that arrangements were in place to keep people safe when they were on their own at home. One person told us, "I have the alarm that I can press if there is any problem. That reassures me." Another person said, "The carers will always make sure everything is secure before they leave." We were told about the on call system that was in place to ensure that the caregivers and people who used the service were able to contact the office staff out of hours. One staff member said, "We all cover this and know the people we support. There is always one of us available when the office is closed and we work the on call well together." One caregiver told us, "I know I can speak to anyone at any time. As we work on our own in the community, it's really important we can contact the team if there are any problems." This demonstrated the provider had considered people's safety at home and the caregivers safety when working.

We saw that risks to individuals were assessed and managed. One relative said, "The caregiver knows how to minimise the risks for my relation. Things are as safe as they can possibly be." Some people were at risk of falling and needed to use equipment at home. People told us how the caregivers would encourage them to use their walking aids. One person said, "The carers remind me to use the frame, and know how I should use it properly." And one relative commented, "The staff know how to help my relation when they are walking, that helps to keep them safe."

The registered manager told us how the moving and handling training had been reviewed. They said, "We approached an occupational therapist about safety on the staircase to see if we needed to do anything differently. We have prioritised this re-training for caregivers who support people who have poor mobility. We have then reviewed people's risks and how caregivers should work." One caregiver told us, "The risk assessments people have give us the information we need; what the level of risk is, how to support people and use the equipment properly, things to look out for in their home environment. It means that we can support people safely."

Some people used equipment to enable them to transfer. One relative commented, "My relation needs to use the hoist for all their transfers. They can get quite anxious but the caregivers always give reassurance."

They are all well trained to do this, and we have regular input from the occupational therapist who visits and reviews. The caregivers are involved with these visits so they know what to do and if there are any changes." Another relative told us, "There are always two caregivers to support my relation with transfers. They all know this and wouldn't attempt to do this on their own." The records we looked at described how staff should support people so that transfers were completed safely. We saw that care records had been updated to reflect any changes in people's support.

There were enough staff to meet people's needs and keep them safe. One person told us, "I should think so, I've never gone without." Another person said, "I've never had a problem getting anyone." People told us the caregivers had enough time to support them. One person commented, "They always have time to chat with me while they are working. I don't feel rushed and things are done at the pace that suits me." One relative said, "The caregivers are always on time and never rush my relation." One caregiver told us, "One of the reasons I wanted to work here was because they don't do short calls back to back. It means that we have time to do things properly. If we feel there isn't enough time we report this to the office and they do amend things if needed." We saw that caregivers were given time to travel between the calls. One person said, "They always arrive when they should, and if something happens they will let me know if they're running late, but that's very rare. It's usually if there is a problem with the traffic, and that can't be helped."

We spoke with staff about the recruitment process that was in place. One caregiver told us, "They checked out all my references first, and even though I had a disclosure and barring check (DBS) already I had to do another one. Everything had to be in place before I started." The Disclosure and Barring Service (DBS) is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working with people. They are responsible for processing requests for criminal records checks and deciding whether it is appropriate for a person to be placed on or removed from a barred list. The recruitment files we looked at showed that pre-employment checks were carried out before staff were able to start working. This demonstrated the provider had systems in place to ensure that staff were suitable to give people support with their personal care.

Some people needed support to ensure they received their medicines safely. One person told us, "All my medicines are checked and signed for. They know it has to be on the prescription and they make sure they give them to me as prescribed; it's all organised and set out." Another person said, "They will always ask me if I've had my tablets, and I leave the empty sachet out so they can see I've taken them." One relative commented, "My relation has their medication administered as prescribed. I trust the caregivers absolutely to do this right." One caregiver described how they ensured they gave people their medicines safely. And they added, "The training we had was in depth, and you have to do this before you can help people with their medicines. If there are any problems or issues, we inform the office straight away to get it rectified. We have to make sure people are getting what has been prescribed." Some people managed their own medicines. One person told us, "I do this myself, but the caregiver will always ask if I've taken them, just in case I've forgotten." We saw that when the caregivers supported people with their medicines the records kept were up to date and accurate. The provider had a medicines policy in place that identified the possible levels of support people required. We saw this was recorded within people's care records and gave staff the information they needed. This demonstrated the provider had systems in place to manage medicines safely.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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.

We checked whether the provider was working within the principles of the MCA. We were told that some people who used the service did not have the capacity to make decisions about their care. One relative commented, "My relation didn't recognise their need for support; we involved them after the decision had already been made." We saw the provider had recognised that this person did not have the capacity to agree to their care and had discussed their support with the family. However, the registered manager told us that they had not completed a capacity assessment for this person and was not able to evidence why having the support was in their best interests. We were told that there were other people who were not able to consent to their care and their capacity to make this decision had not been assessed. We discussed this with the registered manager and they acknowledged that improvements were needed to ensure they followed the principles of the MCA and its associated guidance.

We recommend that the registered manager should identify the people who were not able to consent to their care. And following this, they should complete the necessary capacity assessments and evidence why receiving the support is in the persons best interests.

When people were able to make decision about their care, we saw that they had signed their agreements to receive support. People told us the caregivers would gain their consent before assisting them. One person said, "They will always gain my consent before anything is done; the caregivers are very good with coming forward on that." Another person commented, "The caregiver says 'can I do this' and I will say they can." Staff told us how they would support people to make decisions. One caregiver said, "Even if people have been diagnosed with dementia, we still have to give them the opportunity to make choices. We have to give them some control in their lives. I would give people prompts and offer options to encourage them to make decisions." Another caregiver told us, "Some people struggle to make decisions and this can affect their safety. So we have to do things in a way that is best for them. We talk to people's families about this so that they know."

People were supported by staff who were able to carry out their roles effectively. One person commented, "The caregivers have the knowledge and skills needed to support me safely in the way that I want. They use their initiative. I've not had anyone that didn't know their job or wasn't trained to do it." Another person said, "The carers are excellent, they remember things. I only need to tell them once and don't have to keep repeating myself." One relative told us, "The caregivers know that everything has to be done in the same way all of the time. They know my relation can get anxious and frustrated, but this is explained to the carers so they understand." Another relative said, "The caregiver is new to this type of work, but is very well trained."

Staff received an induction when they started working as caregivers. One caregiver said, "It was quite an intense induction; I had five days in the office where we covered all the essential training. Not just the practical things, but also how to consider people's feelings. We were given different scenarios and discussed how we would react to things." Another caregiver commented, "After the office training, I then had five days shadowing with different carers. I was shown how to support different people. After this I was then observed by the senior who made sure I was doing it right and the client was confident in me. You need to know what you're doing as you'll be on your own and have to be able to manage." Staff told us their induction had given them confidence and skills needed to carry out their roles.

Staff told us they received training to develop their knowledge and skills. One caregiver said, "There is always something new to learn and they are very good at getting us to come in for training sessions." Staff also told us how they had put their training into practice. One caregiver said, "A lot of the people I support have dementia, and now I use different ways that can help stimulate them. One person loves singing, so we sing together as we do things; some people like to have visual aids to help them understand. I also find it helps having a real knowledge about the person's history and interests, we can then chat about this." Another caregiver commented, "Even though I had previous experience in care, I have done all the training which has been a good refresher. I received specific training so I could support one person who has a feeding tube in place for their medicines and food. I got to know about the rates and how to check the intakes. My practice was then observed to check to see how I was getting on with this."

Staff received ongoing support by the management team. One caregiver said, "I get supervision every three months. If I feel not too confident in any areas we can discuss this and I will be offered additional training." One caregiver invited us to observe some of their supervision with the caregiver experience lead. We saw they completed some on line training as part of their supervision. The caregiver told us, "Completing these modules is really good. It really makes you think. We have to give examples for how we put things into practice. We will do a module in each of our sessions then have to show what we have learnt when we come in the next time." This demonstrated the provider supported staff to carry out their roles.

Some people were supported to prepare their meals. One person told us, "I do my own shopping on line, but the caregivers will cook and always ask me what I'd like. They make sure I've got everything I need." Another person commented, "They will always make sure I've got what I need close by when they leave, and will check if there is anything I want." One relative said, "The caregivers know that my relation needs to be reminded to eat and drink, and they are very good with that. They will always follow the instructions such as cutting the crusts off and cutting things up smaller." Some people needed to have their food and drinks monitored to ensure they had enough to eat and drink. One caregiver told us, "We only do this for people who are at risk of losing weight or if there is a problem. If we have any concerns we'll let the families know and inform the office." We saw that people's care records had details about their preferences and the support they needed. This meant the staff had information to make sure people maintained a balanced diet.

People told us they were supported to maintain good health. One person said, "I can get sore skin, but the caregivers will always make sure I'm sat correctly in the day, and will make sure I'm in the right position when I'm in bed. They make sure the creams I need are applied each day, so that helps keep me healthy." Another person told us, "They have suggested on occasions that I get the district nurses in or ring the doctor." One relative commented, "My relation has a health condition and the staff are briefed to reassure them and have an emergency plan to follow. The care workers have stayed on for longer to ensure my relation was well before leaving." Another relative said, "The carers noticed my relation had a rash, and let me know about this. They also monitor their breathing and let me know if they are coughing as this could be a sign their condition is getting worse." People were able to make their own health appointments, and if they were not able to, their families did this for them. The care plans contained details about people's

healthcare needs, which also included information from any relevant professionals. This meant that staff had information and guidance to support people to maintain their health.

Is the service caring?

Our findings

People spoke positively about the support they received. One person told us, "I've got nothing but praise for them." Another person said, "The care that I get has been very good; I'm very pleased with it." A third person commented, "I'm really happy with the support, and have recommended the company to other people." We were told that positive caring relationships had been developed between people who used the service and the caregivers. One person said, "There is a good atmosphere when they come in; they are happy and say they love to come here and I say that I like them coming." One relative told us, "The staff are kind and compassionate; the way they interact with my relation, it's not just coming in and doing the job, they really do care." Another relative said, "I often hear a lot of banter and laughter, but there is an underlying professionalism." A third relative commented, "It's not only the care they give to my relation; but they do care about me as well, and think of my wellbeing."

People told us the staff knew them well, and one person said, "They really know me and are aware of the things that are important to me." One relative commented, "The caregiver has got the measure of my relation." Another relative told us, "The caregiver understands my relations preferences and habits well." We were told how the caregivers visited people regularly and that this had enabled them to really understand people. One caregiver said, "I have been visiting the same people for a while now, I almost feel like part of the family. It's so good that we can build these relationships. People know us, and we know them."

We were told how people were involved in making decisions about their care. One person said, "They always listen to me and take on board what I tell them. Some days I can do more than others, so they will always check this out." One caregiver commented, "I will always ask people how they would like things doing, and then do it in that way. Each person is different, so it's important that we know what they like and ask them." One relative told us, "My relation is fully involved with any day to day decisions." Another relative said, "My relation is included in every decision. They will write a list of what they want the care workers to do when they are here." This demonstrated that people were listened to and their views were taken into account.

People were supported to maintain their independence and were encouraged to do as much for themselves as possible. One person told us, "I can do what I can do; they respect my independence." One relative commented, "My relation likes to wash their own face. It can take them a long time, but the caregivers never rush them and it's important for my relation to do this themselves." One caregiver said, "It's so important that we are not disrespectful towards people; we always encourage them to do things and still involve them in doing the tasks. It's important for people to still feel valued as a person."

People told us the caregivers treated them with dignity. One person said, "I feel totally comfortable with them. They deal with me as a human being, with respect." One relative commented, "The caregiver is very aware of my relations dignity; I can see that in the way they care. Dignity is always at the forefront of the caregivers mind." One caregiver told us, "To help us understand what it's like to be cared for, we had to be transferred in a hoist as part of our training. It helps us to support people as we can appreciate what it can feel like." People gave us examples of how the caregivers promoted their dignity, and one relative said, "When they support my relation with their personal care, the caregivers always ensure they put a towel over

their lap to cover them up." Another relative told us, "The caregivers are sensitive towards my relation. They will support them to get to the bathroom, but will then leave them for a few minutes and go back when they have finished." This demonstrated that people's privacy was respected.

Is the service responsive?

Our findings

People told us they had been involved with the planning of their care. One person said, "The manager came out and discussed with me about the support that I wanted. They listened to what I asked for; what did I want, not just what they could give me." One relative commented, "I was fully involved with the assessment they did with my relation. We went through things in great detail, and I was reassured that they had a good understanding of the situation." We were told that the support people received was personal to them. One person said, "It's individual support; and I'm treated as an individual. The manager was one of the first people to welcome me to the company, and I found they were prepared to look at me as an individual, not just another person who needed care." One relative commented, "The service is very individual to people; they always provide someone that my relation knows."

People described how the caregivers were matched with the people they supported. One person told us, "They will visit from the office and introduce any new people." Another person commented, "I had total choice about the gender of the caregivers." One relative said, "My relation can get anxious if new people come; but the introductions gives them a chance to get familiar with each other before they do any hands on care." One caregiver commented, "They try to match us with the clients, similar interests and hobbies; it gives us more in common." Another caregiver told us, "They matched the support I give to the experience I've got, and that makes a big difference; I feel appreciated as a worker." The business care coordinator described how they would visit people to discuss their support requirements prior to the calls starting. They told us, "I will ask people if they have preferences around the gender of the caregivers, the age and if there are any cultural needs that should be considered. I then work closely with the scheduler to see who is available that would meet people's requirements."

We were told how people's support was reviewed to ensure it reflected people's needs. One person said, "We have a review every three months or so; the supervisor or manager will do these." Another person commented, "My condition has deteriorated and the care has changed to meet my needs." One relative told us, "The care plan was re-written as things did change from when the service first started." And another relative said, "The support has increased over time as my relations needs have changed." This demonstrated that people received support that was responsive to their needs.

We saw that people's care records were personal to them and included information about their likes and dislikes. One person told us, "I do look at my support plan and I'm happy with what is written." One caregiver said, "The care plans are really helpful. They not only look at what people need help with, but also their capabilities. There is always information about people's histories, and they help us understand people." Another caregiver commented, "The care plans change with the needs of the person. The office is good at making the amendments so that the information reflects the person's needs." This meant that the care records supported the caregivers to provide care that was individual to people.

People told us they were asked to provide feedback about the care they received. One person said, "I get a visit once every three to six months by the supervisor; they make sure I'm happy with everything." Another person commented, "I am asked for feedback regularly and surveys are completed. When I have raised

things that could be improved, it has been taken on board; it makes the feedback feel that it is worth doing." One relative told us, "We are sent a survey about every 12 months and give our feedback in these. We also have quality assurance reviews, but I speak with the manager regularly and won't leave things until the review. Anything gets sorted on a day to day basis." This demonstrated the provider encouraged feedback from people and listened to people's experiences.

People knew how to raise any concerns or complaints with the provider. One person said, "I have asked for changes for certain things, and they are good at taking things on board. I do feel my opinions have been listened to." Another person told us, "I've not had to raise any complaints, but would be happy to speak with the office if there was anything. There have been occasions when I have asked for things to be changed with the team, and this has been dealt with each time, no problem." One relative commented, "We did have to raise some issues about one of the caregivers. We weren't happy with them. But they came out to visit from the office, and now we know that this caregiver won't be coming any more." We saw that when people had raised any issues these were dealt with in a timely manner and the provider had put actions in place.

Is the service well-led?

Our findings

People felt the service was well managed. One person said, "I know I can ring the office at any time. Everyone is approachable and seems to know what they are doing." Another person commented, "They are organised and I know who to contact should I need to." People knew who the registered manager was and were aware of the different staff in the office and their various roles. We were shown the newsletters that had been sent out so that people were aware of the new staff who had joined the service and any news items. The registered manager told us, "We received feedback that some people didn't understand who everyone was and what they did. So we sent this information out so it was clearer for people." This demonstrated the registered manager acted on the feedback received.

Staff spoke positively about working for the service. One caregiver said, "I don't feel isolated in my role, and I have felt that working for other companies. They involve me and ask my opinion about things. It's like we are a real team, not separate between the caregivers and the office staff; I feel I'm treated as an equal." Another caregiver told us, "They are always extremely supportive, and I never feel there is a wrong question to ask." Staff told us how they would meet with other members of the smaller care teams they were in and enjoyed meeting up with other caregivers when they were on training or in the office. Staff told us they were communicated with effectively. One caregiver said, "The communication is good and we are kept up to date about things." We saw that the newsletters informed staff of any issues they needed to be aware of. For example, ensuring caregivers were knowledgeable about the medicines policy and achieving good practice in this area of support.

The registered manager and other staff were involved in ensuring that people received good quality support. One relative said, "The senior carer came out to inspect without giving notice; they checked that my relations caregiver was meeting the competencies." One caregiver told us, "We have regular spot checks and we will be observed when we are giving support to people. We don't know when this will happen, and everything is checked; how we speak to people, do we have our ID badges on, are we working according to the care plans." Another caregiver commented, "The seniors will come out and if there are any issues, we can discuss these in our supervisions and through the on line training we complete in these sessions. We use this to learn and improve." Staff told us about the whistle blowing policy that was in place. Whistle blowing is where staff are able to raise any concerns about poor practice and are protected in law from harassment and bullying. One caregiver said, "If there were any problems at all I know I could confide in someone and it wouldn't be held against me. It's up to all of us to make sure that people receive really good quality care."

The registered manager had effective systems in place to assess, monitor and improve the quality of care people received. The registered manager told us, "It was from checking the medicines logs and spot checks that we recognised that improvements were needed in the management of people's medicines. We had meetings with caregivers and followed this up with a newsletter. We have seen great improvements since then." We also saw that people's care files were audited to ensure that people's personal information was up to date and accurate. When information needed amending, we saw that this was done. We saw that people's views had been sought at their care reviews, quality assurance visits, and through an annual independent survey. The registered manager showed us the action plan they had implemented following

the results of the survey.

The registered manager demonstrated a clear understanding about their responsibilities as a registered person. They maintained detailed accurate records that were kept securely, and they had informed us about any significant events that needed to be reported.