A & M Senior Care Services 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

Overall summary

This inspection took place on 9 September 2015 and was announced. At the last inspection of the service in November 2013 we found the service was meeting the regulations we looked at.

Home Instead Senior Care is an independently owned franchise of a large national home care provider, also known as Home Instead Senior Care. This service provides companionship, home help and support for people who need help with their personal care. They specialise in providing care and support to people living with dementia. At the time of our inspection there were 17 people receiving personal care from this service, all of whom were privately funding this support.

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

Summary of findings

People and their relatives told us they felt safe with the care and support provided by the service. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse. Risks to people's health, safety and wellbeing had been assessed by senior staff. Staff were given guidance on how to minimise any identified risks to keep people safe from harm or injury.

There were enough staff available to meet the needs of people using the service. Senior staff matched people with staff who were able to meet their specific needs and preferences. The provider ensured staff were suitable to work by carrying out employment and criminal records checks before they could start work.

Staff received appropriate training and support to meet people's needs. The registered manager and provider monitored training to ensure staff skills and knowledge were kept up to date. Staff were well supported by the registered manager and other senior staff to discuss any issues or concerns they had. People and their relatives said staff had a good understanding and awareness of people's needs and how these should be met.

People's consent to care was sought by staff prior to care and support being provided. Where people were unable to make decisions about their care and support because they lacked capacity to do so, people's primary carers and other professionals were involved in making these, in their best interests. People's care plans were individualised and reflective of their specific needs and preferences for how they wished to be cared for and supported. People and their relatives said they felt able to express their views and were listened to. Staff ensured people's care and support needs were reviewed regularly to ensure staff had up to date information about people's current care and support needs.

People were encouraged to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. They received their medicines as prescribed.

Staff monitored people's general health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

People and their relatives told us staff looked after people in a way which was kind, caring and respectful. People's right to privacy and dignity were respected and maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence. People were supported, where the service was responsible for this, to take part in activities at home or out in the community.

People and their relatives said they were comfortable raising any issues or concerns they had directly with staff and knew how to make a complaint if needed. People were confident that any complaints they made would be dealt with appropriately.

People's views and experiences were sought by senior staff in order to improve the service. People and their relatives said the service was managed well and senior staff were open and welcoming of comments and feedback. The provider was committed to improving the quality of care people experienced. This was embedded in the vision and values for the service. Senior staff ensured all staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs.

There was a quality assurance programme which checked care was being provided to an acceptable standard. Where improvements were needed, the registered manager took action to ensure these were made. Although independent, the provider of this service had access to advice, support and resources from the national office. This enabled them to use learning and best practice from other similar types of services to drive continuous improvement.

Summary of findings

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.

Staff assessed the risks to people of injury or harm and had put plans in place to minimise any identified risks, to keep people safe. Staff knew how to recognise if people may be at risk of abuse and harm and how to report any concerns they had immediately.

There were enough staff to care for people. Appropriate checks were carried out to ensure staff were suitable to work for the service.

Staff ensured people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received regular training and support to ensure they had the knowledge and skills to care for people who used the service. This included specialist training in supporting people living with dementia.

Senior staff were aware of their responsibilities in relation to obtaining people's consent. They ensured people had capacity to make decisions about specific aspects of their care and support.

Staff supported people to stay healthy and well by monitoring that they ate and drank sufficient amounts. They monitored people's general health and wellbeing, reported any concerns they had about this promptly and sought appropriate support from other healthcare professionals such as the GP.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were kind, caring and respectful. Staff ensured people's right to privacy and dignity were maintained, particularly when receiving care.

The service built and maintained positive relationships with people. People and their relatives said they felt able to express their views and were listened to.

Staff supported people to do as much as they could and wanted to do for themselves to retain control and independence over their lives in their home.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in discussions and decisions about their care and support needs. People's needs were assessed and used to develop a plan which set out how these should be met by staff. Plans reflected people's individual choices and preferences and focussed on giving people as much independence as possible. These were reviewed regularly by staff.

Staff supported people to engage in activities to positively promote their overall wellbeing and reduce the risks to them of behaviours which may have challenged them and others.

Summary of findings

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service was well-led.

People and their relatives were regularly asked for their views and suggestions for how the service could be improved. People and their relatives were satisfied with the care and support people experienced.

The service's objectives and priorities were focussed on providing people with good quality care, especially for people living with dementia. Progress against these objectives were regularly reviewed by senior staff.

Senior staff carried out regular checks and monitoring to assess the quality of care people experienced. They took action to remedy any issues they identified through these checks. They had access to national resources and support to share and learn from good practice from other similar services.

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 checked 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 9 September 2015 and was announced. We gave the provider 48 hours notice of the inspection because senior staff are sometimes out of the office supporting care support workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to the Commission.

During the inspection we went to the provider's head office and spoke to the registered manager, the provider, and a senior care support worker. We reviewed the care records of four people who used the service, reviewed the records of four members of staff and other records relating to the management of the service. After the inspection we undertook telephone calls to people who used the service and spoke with four people and eight relatives. We asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when they or their family member received care and support. One person said, "I feel very safe." A relative told us, "They are very mindful of safety in everything."

The service had taken appropriate steps to safeguard adults at risk. Staff had received training in safeguarding adults at risk of abuse. Senior staff, through one to one meetings (supervisions) assessed and reviewed staff's understanding and awareness of safeguarding adults at risk and discussed any concerns staff may have had about people they supported. The staff we spoke with were able to explain their responsibilities for safeguarding the people they cared for, including how to recognise whether a person may be at risk of abuse, and how to report their concerns and to whom. Staff had access to policies and procedures which set out their responsibilities for reporting their concerns and how they should do this.

Prior to people using the service, risks to them of injury or harm had been assessed and plans were put in place to minimise these. People's records showed these assessments were focused on identifying risks based on their specific needs and circumstances for example where people had reduced mobility which could put them at risk of falls. There was guidance for staff on how to minimise identified risks to protect people from the risk of injury or harm. Identified risks were reviewed annually or sooner if there were any changes to people's care and support needs. The service maintained records of accidents and incidents that occurred in people's homes. Senior staff recorded details of the accident or incident and the actions taken to investigate and ensure the on-going safety of the person involved.

People and their relatives told us they had no concerns about staff turning up late or missing a scheduled visit. One person said, "Sometimes traffic is bad and they may call if running late but it is not always possible. If they can't come the office will phone and let me know what is happening…. who will come instead." A relative told us, "They are very good, they will always phone if there is any lateness and if there is any change."

There were sufficient numbers of staff to keep people safe. People received their care and support at the times that had been agreed with them. Staffing levels had been planned based on the number of people using the service and their specific care and support needs. We noted wherever possible senior staff ensured people were able to receive support from the same care support workers to ensure consistency and continuity in the care they experienced. Records showed senior managers through regular quality assurance checks monitored that staff were turning up on time to scheduled visits. A sample of these checks showed people had been satisfied with the timeliness of staff.

The provider ensured staff were suitable to work for the service. Records showed there were robust recruitment procedures in place and appropriate employment checks had been carried out on staff before they started work regarding their suitability and fitness. These included obtaining evidence of their identity, right to work in the UK, relevant training and experience, checks on any gaps in their employment history, character and work references from former employers and criminal records checks.

People were supported by staff to receive their medicines as prescribed. People and their relatives told us staff maintained records to confirm this. One person said, "Yes, they check my eyes and check I have taken my medication." A relative told us, "[Family member] just has the one pill and eye gel which they help with. There haven't been any problems with [family member] getting them and they record it in the daily log."

Where support was needed from staff, people's care plans contained detailed information about their prescribed medicines including what, when and how these should be administered to them. People had their own medicines administration record (MAR). A current MAR was kept in their home for staff to complete and maintain as appropriate. We looked at a sample of completed MAR's held by the head office team and noted these contained no errors, gaps or omissions which indicated people received their medicines as prescribed. Records showed staff were up to date with training in the safe handling and administration of medicines. Their competency was assessed by a senior staff member annually. Senior staff also carried out checks of records to make sure any problems with medicines administration could be identified quickly and rectified.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the skills and experience to support them. A relative said, “One day [family member] was finding it extremely difficult to walk and the carer was awfully good. It took about twenty minutes but she supported [family member] into the bedroom. I was very impressed.” People and their relatives said when there were changes to their regular care support worker they noticed differences but people said these had not been a major concern or issue. A relative told us, “Yes, we have just lost one (care worker) and are devastated. They are all excellent.”

Staff received appropriate training to enable them to support people. Staff records contained evidence of training attended by staff in topics and subjects which was relevant to their roles. This included training in medicines administration, infection control, moving and handling, fire safety, health and safety and food hygiene and preparation. Senior staff delivered an accredited in-house ‘Alzheimer’s disease and other dementias’ training programme for all staff. The purpose of this training was to broaden staff awareness and understanding of the impact of dementia on people and how staff could positively support, enable and encourage people living with dementia, in a meaningful way. This training was also offered to families of people they supported to help them understand and improve their own understanding and awareness. Senior managers monitored training to ensure staff were up to date with their training needs and attending refresher training to update their skills and knowledge.

Senior staff ensured only new staff displaying the appropriate competencies would be permanently employed to support people. New staff were unable to work with people unsupervised until they had successfully passed a period of induction. This included shadowing experienced colleagues on visits to learn how to provide the care and support that the individual needed, to the appropriate standard. Their progress and competency was assessed and reviewed through a mixture of feedback and observation from more experienced staff and from people using the service.

Staff had regular supervision and support from senior managers. There was a programme of one to one meetings (supervision) planned with all staff as well as an annual appraisal of their work performance. Staff records indicated these meetings had taken place regularly and that through them staff were able to discuss any issues or concerns they had, any learning and development needs and their progress against work based objectives. We noted the outcomes from unannounced spot checks, carried out by senior staff, of staff’s performance and competency were also discussed if there were any issues arising from these. Staff received praise and acknowledgement for good performance and achievement of objectives and priorities from senior staff. This was important as this helps to increase staff’s confidence and morale in carrying out their roles effectively.

People and their relatives told us staff sought their consent before care and support was provided. Senior staff had received training in relation to the Mental Capacity Act 2005 (MCA). They were aware of their role and responsibilities in relation to obtaining people's consent to care and ensuring people had capacity to make decisions about specific aspects of their care and support. Records showed the majority of people using the service had capacity to make decisions or to consent to the care and support they received. There was clear involvement and discussions with people about the care and support they wanted and the decisions people made about this were documented. Where people lacked capacity to make specific decisions about the care and support needed there was involvement of family members, power of attorneys and other care professionals to make these decisions in people’s best interests. People’s care records reiterated the need for staff at all times to ensure they checked and sought people’s consent before they provided any care or support.

People were supported to eat and drink sufficient amounts to meet their needs. One relative said, “They offer [family member] choice. They offer plenty of drink. They put little things out for [family member], for example cut up fruit.” Another relative told us, “[Family member] can be a bit finicky , but the carer will go along with that, she asks what they want and just quietly encourages [family member] to try things. I don’t think [family member] ever totally clears their plate but the carer would let me know if she was concerned about it.”

When assessing the care and support needs of people prior to them using the service, senior staff collected information about their dietary needs including their specific likes and dislikes and preferences for the meals they ate. This information formed part of their care plan so staff had

Good

Is the service effective?

guidance about how to support people to eat the meals they wished. Staff documented in people's daily records the meals they prepared and supported people to eat during their visit. They also recorded how much people ate or drank. This provided important information about whether people were eating and drinking sufficient amounts, to everyone involved in providing them with care and support at home.

People and their relatives said staff would be able to identify and take appropriate action about any underlying concerns or issues about their general health and wellbeing. One person said, "They always ask how I am and they would notice." A relative told us, "Yes, they will contact me and they will record in [family member's] log if they notice anything. They will phone if they notice [family member] seems vague and ask if they perhaps need a check for a UTI (urinary tract infection)."

People's care records contained detailed information about how they should be supported to stay healthy and well. There was guidance for staff on the signs and symptoms to look for that could indicate a person may be ill or unwell and for the appropriate course of action to take to ensure people were able to access the medical care or support they needed. Staff documented in people's daily records their observations and notes about people's general health and well-being. They noted any concerns they had about people's current health and the action they had taken as a result such as contacting senior managers for advice and support, and raising concerns and issues with people's primary carers so that they were made immediately aware of these. We saw good examples where through staff's actions people had received appropriate medical attention and support from their GP when they needed this.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and treated them with respect. Typical comments used to describe staff included, "friendly', 'helpful' and 'kind'. One person said, "They will chat and help me look after my cat." A relative told us, "Our regular is very caring, kind and friendly. The others have been ok too." Another relative said, "Generally yes, although recently there have been a lot of changes in management and there have been problems with temporary staff at holiday time, but these are being resolved." We observed some positive and caring interactions during the inspection when people contacted the service. For example a staff member contacted the head office team to advise they were running a few minutes late for a scheduled visit due to traffic. A senior member of staff immediately contacted the person concerned to advise and apologise for the delay and reassured them that the staff member would be with them soon.

The service developed and maintained positive relationships with people. People and their relatives said they felt able to express their views and were listened to. We saw from the point of initial contact with the service through to regular reviews of people's care and support needs, senior staff maintained regular contact and communication with people. This ensured people were regularly involved by staff in discussions and making decisions about their care and support needs.

Staff provided information to people in a way that people could understand and make decisions. For example, the registered manager visited people in their home to explain the options for care and support available to them. If people needed this information in an accessible format such as large print, this was provided. People were encouraged to include their family members or other representatives in these meetings to help them make decisions about their care and support needs. We observed when people contacted the service by telephone, staff were patient and informative about what the service could provide. People's records showed their views and preferences for how care and support was provided were listened to and acted on by staff.

Senior staff ensured through working practices that people experienced support that was caring. The service had a minimum visit time of one hour. The registered manager told us this was part of the service's objectives to ensure that people not only received the care and support they needed during that time but staff were also given the time to socially engage and interact with people to build a positive caring relationship. This could range from sitting and chatting with people or carrying out general household tasks that people were not able to do for themselves.

People's care plans prompted staff to ensure people were comfortable and happy to receive the care being offered to them. Notes recorded by staff at each visit were descriptive and informative. Staff documented in detail the care and support provided and also their general observations about the conversations they had with people about topics that interested them, activities they undertook and whether people enjoyed these as well as information about people's general moods and wellbeing. In one instance we saw a staff member who had been concerned about an unexplained bruise on an individual's skin had documented in detail how they had monitored and supported the person by checking they were ok, not in any pain and whether they wanted any additional support. The individual's wishes not to seek any further assistance were well documented and the staff member respected this.

People and their relatives told us people were treated with dignity when being supported with their care and support needs. One relative said," They do all they can to preserve [family member's] dignity and privacy." Another relative told us, "Definitely. [Family member] has a catheter and has a few accidents. They are very reassuring and assist [family member] with the minimum of fuss."

People were encouraged to be as independent as they could be when they received care and support from staff. One person said, "I have various health conditions which do not make it easy but they help me with my exercises. One lady does her exercises with me, which we both enjoy." Another person told us, "I use a zimmer frame and I can make toast for myself. They encourage me." People's care records showed staff were prompted to ensure that people were encouraged to do as much as they could for themselves so that they retained as much control as possible. For each person using the service the level of dependency varied but where possible people were encouraged to wash, dress and eat as independently as they could with staff supporting them to do so.

Good

Is the service responsive?

Our findings

People and their relatives told us their views and experiences were used by staff to plan people's care and support. A relative said, “They came and chatted about what exactly we wanted.” People’s records showed their care and support needs were assessed and used by senior staff to develop an individualised care plan for them. As part of the assessment process, staff discussed with people their life histories, likes and dislikes and their specific preferences such as who they wanted to provide them with care and when they received this from staff. People’s cultural, spiritual and social values were also discussed and people were able to say how they wanted these to be upheld and respected by staff. For example people could specify the gender of staff that provided them with care and support and senior staff ensured this preference could be met.

People had also been able to state the level of control and independence they wished to retain when receiving care and support from staff. This information was then used to plan the care and support people wanted. For example one person was able to bathe independently but wanted a staff member to sit close by to their bathroom just in case they needed any extra support. The registered manager and senior care support worker demonstrated a very good understanding and awareness of the specific needs of people using the service and how these should be met. The registered manager told us when planning care they matched people with staff members that not only could meet that individual's care and support needs but also matched in terms of similar personalities and interests. For example one person, when they first started to use the service, was matched to a member of staff that had a shared common experience of living in the same country. The registered manager said this enabled the staff member to engage in conversations and share memories and experiences. They told us the person's enthusiasm for social interaction and activities had increased since they started using the service and were now willing to undertake social activities outside of their home, with support, that interested them such as shopping trips and afternoon tea.

People’s care and support needs were reviewed with them every six months, or sooner if there had been a change in the person's circumstances. A relative told us, “Every six months someone comes in to check.” We saw from records people were able to discuss with staff whether the care and support they received continued to meet their specific goals and aspirations. A relative said, “[Family member’s] needs have changed considerably and they have responded and coped with the decrease in their mobility.” Where any changes were identified to people’s needs, their records were updated promptly so that staff had access to up to date information about how to support them. For example if people had to go to hospital, on discharge their care and support needs were reviewed and reassessed by senior staff to identify any changes that may be needed to their existing package of care and support.

People were supported by staff to engage in activities to stimulate and promote their overall wellbeing. One way staff did this was by assisting people to maintain a ‘life journal’. This was a tool used by the service which supported the service’s in-house ‘Alzheimer’s disease and other dementias’ training programme. The purpose of the journal was to enable people and their families to gather and collate information about a person’s life which was then used by staff to start conversations or undertake activities that people enjoyed doing. The registered manager told us these were particularly helpful tools as they enabled staff to positively distract people in situations where people’s behaviours may have started to challenge themselves or others.

People and their relatives were confident that the service would take any complaint they had seriously and deal with it appropriately. They told us when they had issues or concerns about the support provided, the service had dealt with these effectively. One relative said, “With some relief workers we have had to contact the office to say we don’t want them back. They are responsive.” Another relative told us, “Once, a carer did not arrive. They [the service] did respond well.” People had been provided appropriate information about what to do if they wished to make a complaint about the service. The service had a complaint’s procedure which set out how people’s complaint would be dealt with and by whom. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording all actions taken to resolve these.

Good

Is the service well-led?

Our findings

People and their relatives told us they were asked for their views about how the service could be improved. One relative said, "I have not complained but have offered comments if I thought the service could be improved. They did listen." Senior staff provided people and their relatives with opportunities to share their views and suggestions about how the service could be improved. This was done through a programme of spot checks, telephone surveys and home visits, through which people and their relatives were asked for their views and suggestions for improvements. People's views were also sought when their care and support needs were reviewed with them. We looked at a sample of these checks and reviews and noted when people were asked to give their views and suggestions people had responded that no change or improvements were needed or wanted. This indicated a high level of satisfaction with the care and support they received from the service.

People and their relatives told us they felt the service was managed well and staff were open and welcoming of comments and feedback. Senior staff also used the programme of spot checks, telephone surveys and home visits to monitor the quality of service people experienced. As part of these checks senior staff monitored people's records to ensure these were accurate and up to date, spoke with people and their families about the care and support they had received and whether this had met their needs and observed staff's competency when providing care and support. These checks were well documented and where any improvements were identified appropriate action had been taken by senior managers to make the changes that were needed. Senior managers met regularly to discuss and review findings from these checks to ensure any issues or concerns were appropriately identified and dealt with.

The service's objectives and priorities were focussed on improving the quality of care people experienced from staff. The in-house academically accredited 'Alzheimer's disease and other dementias' training programme provided staff with the information and knowledge they needed to support, enable and encourage people living with dementia so that they could live their lives in a positive and meaningful way. People were provided with information about their rights to privacy, independence, choice and dignity, as well as the provider's vision and values for how they would receive quality care from staff. Staff had been set, through supervision and appraisals, clear objectives and priorities by senior staff on how this should be achieved. These were regularly reviewed and assessed with them by senior staff. The registered manager held quarterly staff meetings which enabled staff to discuss openly the service's objectives, current work practices and any ideas and suggestions they had for improvements. Staff were given opportunities to raise their concerns about any poor practices they observed by reporting these immediately to senior managers, or anonymously through an established whistleblowing procedure.

The registered manager told us they were well supported by the provider and were able to openly discuss issues or concerns they had about the service with them. The provider told us they were well supported by the national organisation and had access to resources and information to support the service. This enabled them to share and learn good practice from other similar services in order to continuously improve the quality of service people experienced.