

Senior Care Tamworth Limited

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

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. There were 69 people using the service. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a registered manager in place at the time of our inspection. 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 had been trained to administer medicines and people felt they received their medicines when needed. Improvements were needed and the provider's policy needed to be reviewed to reflect current best practice guidance and we have made a recommendation about developing this.

There were sufficient numbers of staff to meet people's needs and provide a flexible service. There were safe recruitment practices in place to determine whether staff were suitable to working in the service. The staff received an induction which enabled them to meet people and develop the skills needed to provide their care.

People felt safe and staff had a good understanding of what their responsibilities were in preventing abuse. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

People and staff were provided with support and had the facility to contact the service during evenings and at weekends if they had concerns. The service could continue to run in the event of emergencies arising so that people's care would continue.

People's needs were assessed and care and support was planned to maintain their safety, health and well-being. Risks were assessed by staff to protect people. People were involved with the development and review of their support plans to ensure it reflected what they wanted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to choose how they wanted to receive their support.

People felt that the staff were caring and compassionate. Each person had a small team of staff who provided their support and had caring relationships with them. People's privacy and dignity were respected and upheld by the staff who supported them.

People knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues with staff and the registered manager, knowing they would be listened to and acted on.

Quality assurance systems were in place to ensure it was recognised where any improvements could be made. People were asked for their feedback on the quality of 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.

The medicines policy needed to reflect current best practice guidance to ensure all information was recorded about the medicines people needed. Environmental risk assessments in each person's home and individual risk assessments were completed to protect people from harm or injury. Staff understood how to recognise the signs of abuse and were aware of their roles and responsibilities to report their concerns. Staff were recruited safely, and there were enough staff to provide the support people needed.

Is the service effective?

Good ●

The service was effective.

Staff understood their responsibility to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough. People had capacity to make decisions about their care and staff sought people's consent when providing support. Staff knew people well and had completed training so they could provide the support people wanted.

Is the service caring?

Good ●

The service was caring.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible. People were treated as individuals and able to make choices about their care. People had been involved in planning their care and their views were taken into account. Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it and were involved with developing their support plan. The care plan informed staff of the care people needed and changes in care and treatment were discussed with people. People felt comfortable in raising any concerns or complaints and knew these would be taken seriously. Action was taken to investigate and address any issues.

Is the service well-led?

The service was well-led.

Systems were in place to assess and monitor the quality of care and to identify where improvements could be made. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was regularly monitored through feedback from people.

Good ●

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 was an announced inspection and we gave the registered manager five days' notice of the inspection site visit. This was because some of the people using it could not consent to receiving a telephone call from us, which meant that we had to arrange for a 'best interest' decision about this. This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services. The inspection site visit activity started on 22 January 2018 and ended on 2 February 2018. It included telephone calls to five people and seven relatives. We also spoke with six staff members and the registered manager and received feedback from one health care professional. We visited the office location on 2 February 2018 to see the registered manager; and to review care records and policies and procedures.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including the medication policy, quality checks and recruitment records. We reviewed statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

Is the service safe?

Our findings

People were confident they received their medicines when they needed them. One person told us, "The staff know just how I like to take my tablets and they remind me that I need to take them." People told us they were provided with a drink and staff reminded them what any medicine was for, so they knew why they were taking them. One person said, "I forget sometimes what I need them for but the staff are very good." Relatives confirmed they were confident that people received their medicines to keep well. The staff received training to administer people's medicines against the service's medicines policy. However, we saw the medicines policy did not always reflect current best practice guidance in relation to recording the medicines people received when they needed prompting. We also saw some medication administration records were hand written and all information about the medicines were not recorded. For example, how the medicine was to be administered and the dosage. This meant all information about how to safely administer and record people's medicines was not completed.

We recommend that the provider considers current best practice guidance for managing medicines for people receiving social care in the community and take action to update their policy and practice accordingly.

People felt safe when receiving a service and had confidence in the staff. People felt there was enough staff to provide their care and one relative told us, "The staff are very vigilant and always ensure they are safe." The staffing levels were provided in line with the agreed support hours and a small team of staff provided each person's support. There was an effective system to manage the staff rotas and all the support visits were covered by staff from within the service. One relative told us, "We have consistent staff and if I need extra time I can call them and they will usually be able to accommodate it with the same staff. We would definitely recommend them and have done so to others." One member of staff told us, "People never receive a visit from someone they don't know that's really important to us." Every four weeks, people received a copy of their rota of support visits. The rotas included a photograph of the staff who would be providing the support. One member of staff told us, "This works really well as it reminds people who we are in case they have forgotten our name."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal record checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Staff understood about safeguarding people and knew how to recognise potential abuse. Staff had received safeguarding training and recognised what may identify that people could be at harm. They knew the local authority's safeguarding adults procedures, which aimed to make sure incidents were reported and investigated. One member of staff told us, "If I saw any bruise, I'd record it on a body map and report it. We all know we must do this." Staff also understood the whistle blowing policy. This enabled staff to raise their concerns about any poor practice within the organisation.

Before any care was provided, an assessment of need was carried out along with risk assessments of the environment. The environmental risk assessments included risks inside and outside the person's home and one member of staff told us, "It's about keeping safe in people's homes. I reported a rug that was a hazard and could mean [Person who used the service] could trip. The office staff dealt with it straight away and spoke with them and it was agreed it needed to be moved. It's all about safeguarding people."

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. Where people needed equipment to help them move; photographs were taken of all the equipment including the slings and these highlighted which coloured straps were to be used. Where people needed help to sit or lie in a specific way, with people's consent, a photograph was taken showing this. One member of staff told us, "We always gain people consent for this and make sure their dignity is not compromised. "We saw these included photographs recording how any straps should be crossed and there was a support plan with guidelines from the occupational therapist to help keep people safe. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility to ensure the right equipment could be used.

There was an out of hours on call system, which enabled any incidents affecting people's care to be dealt with at any time. People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The staff assessed and prioritised people who could not make other arrangements for their care if staff could not get to them. The staff told us they had implemented this once over the winter to ensure that people were safe. They told us this had included speaking with people to check that others they were living with them could make them drinks, prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need.

Staff knew how to inform the office of any accidents or incidents. Guidance was given to staff about reporting incidents and accidents. Staff told us they contacted the office and completed an incident form after dealing with the situation. The registered manager said they viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Infection control had been considered and staff knew how to reduce the risk of cross infection and to wear personal protective clothing. This helped the staff to identify and minimise any potential risks in the people's home. One member of staff told us, "We have all the protective equipment we need like gloves and aprons. If anyone has a latex allergy we are told about this when we are shadowing staff so we know what gloves we need to wear."

Is the service effective?

Our findings

People were confident that staff knew how to support them and they received care from a small team of staff who they knew well. New staff completed an induction process when they started working at the service. Staff told us they felt the induction was effective as it allowed them to familiarise themselves with the organisations policies and procedures. The induction process included a period of time where new staff shadowed more experienced staff. One member of staff told us, "I did six days training on my induction and then shadowed staff on all the calls I was going to do, so I was introduced to people I would be caring for. We never visit anyone we don't know here; people are never supported by a stranger."

Staff were provided with opportunities to develop new skills and knowledge and one member of staff told us, "Home Instead have taught me so much and given me so much confidence and opportunities to learn and I always feel supported." Another member of staff told us, "I've just done some more training on medicines. This covered how to give people eye drops, put ear drops in and apply any medicine patches. If we have two lots of eye drops, then we would leave this for at least five minutes before we put the other one in. I learnt that we should drop the eye lid down and put the drops in the centre of the eye." Staff continued to receive support through formal supervision and an annual appraisal of their work. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they needed more support and enabled them to plan their training and development for the coming year. One member of staff told us, "I have supervision with my manager and if I need any more training or have any concerns I can let them know. They tell me that I can always call them whenever; it doesn't matter what it's about."

Staff understood the care they should be providing to individual people and they had a support plan in their home for staff to follow. Senior staff carried out support visits to ensure the support plan was followed and people were satisfied with the care provided. A support visit was an observation of staff performance carried out at random. People felt it was good practice to check the staff were providing care in the way they wanted and gave them further confidence that the provider wanted high standards. The support visits were recorded and discussed, so that staff could learn from any mistakes, and receive encouragement and feedback about their work. One member of staff told us, "The senior staff do support visits to make sure we are doing everything right. They scrutinise everything you do. If anything is wrong, they will tell you there and then. They look to make sure you have your ID badge and that you are using the right equipment."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether applications had been made to the Court of Protection.

People who used the service had capacity to make decisions about their care and support. We saw they had signed their support plan and medicine consent form to demonstrate their agreement to this care. The

registered manager and staff understood that where people were no longer able to make decisions for themselves, other people could help make this decision in their best interests. Where people had a lasting power of attorney (LPA) in place, copies were obtained to ensure the staff were acting in accordance with any specific instructions or limitations. The LPA document allows someone people have chosen to make important decisions on their behalf should they lack the capacity to do so. Staff understood that this only gave people the rights to make decisions where people no longer had capacity.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. People were supported to access a range of health care professionals in the community including GPs, dentists, opticians and podiatrists. Information relating to people's health was recorded. Where people were unwell, staff provided additional support and one relative told us, "When [Person who used the service] was unwell, the member of staff stayed with them until assistance arrived and kept us updated. We would recommend the service 100%."

Some people received supported to prepare their meals. The staff were mainly required to warm and serve already cooked meals, and prepare drinks for people. Where staff were helping people to maintain their health and wellbeing, people told us they were happy with the food staff cooked for them. We saw any advice from health professionals in relation to people's eating and drinking was recorded and had been acted on by staff.

Is the service caring?

Our findings

People described the care that they received positively and felt the staff were caring and kind. One person told us, "All the staff are thoughtful and caring." A relative told us, "The staff are very flexible and [Person who used the service] really likes the staff; they rub along nicely together. There is a little bit of interaction, but not too much which suits them. It works really well and we are happy with the service and would recommend it." A member of staff told us, "I was so impressed with the care that I saw staff delivering that I wanted to come and work here and I love it."

The provider was committed to providing supportive care and to enable people to remain independent. Staff told us that this meant making people central to the care planning process and having assistance from family or an advocate where they wanted this. One member of staff told us, "We support people to do as much as possible for themselves. This includes helping people to get involved with the jobs around their home like drying pots or making drinks. It's important that people are still involved and have control." Another member of staff said, "We do a minimum of a one hour call so we have time to sit with people and talk to them." and "We sat and watched their wedding video and it was lovely to spend time doing this together. I've found that by having this time, people can get to know and trust us. Some people now have personal care from us as they know they can trust us now." People were treated with respect and involved in discussions about their care. People told us they were given choices about their care and what they wanted to do and staff gave them time to think and make decisions.

Staff ensured people's privacy whilst they supported them with personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. One person told us, "They are very considerate and make sure people aren't around when they do any care. It's all very private." People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening when providing care.

People were supported to express their views and be actively involved in making decisions about their care and support. People told us that family could support them to express their preferences if they wanted them to be involved. The staff understood the importance of promoting equality and diversity and they recognised the importance of supporting people's individual lifestyle choices. The staff told us that people's cultural, spiritual and social needs were discussed with them and upheld by staff.

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. People had a copy of their care records in their home and could choose who to share these with.

The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People had information about how their care would be provided and were involved with the initial assessment and decided about what support they wanted. Each person had a care plan which had been developed with them and took account of their individual choices and preferences. People told us they had been given opportunities to express what was important to them and how they wanted their care provided. People's individual needs had been considered in the care records and identified people's personal preferences. Where people had chosen to disclose their sexual orientation, staff told us this would be recorded in a non-discriminatory manner. There was information about how to provide support, what the person liked, disliked.

People felt their needs were reviewed and kept up to date. The support plan had clear details about what staff should carry out at each visit. This included how people wanted to be supported with personal care, how to help people to move and any assistance they needed to prepare and eat their meals. People were involved in the care planning process and in any reviews which were completed regularly or when the person's needs changed. One member of staff told us, "Reviews are individual; if they need doing every month, then we go out and do that. It's important that the plan reflects the care people need and want." Staff told us they read people's daily reports for any changes that had been recorded and spoke with each other between support visits. One member of staff told us, "Communication is really good between us all as each person has a small team of staff and we all talk to each other. If there are any changes we record it but also let each other staff know."

Information was provided to people in a format they could understand to enable them to make informed choices and decisions. The current literature met the needs of the people who currently received the service. Where needed, people could have information in different formats to meet their communication needs. One member of staff told us, "To make sure we know people understand their records, we will sit with them and read it with them. It's important they know about it." This demonstrated the registered manager was meeting the Accessible Information Standard. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.

People had information about the service including who they should contact if they wished to make a complaint. People were able to contact the office at any time; there was always a senior person on call out of hours to deal with any issues of concern. People told us that they did not have any concerns and they would have no hesitation in contacting the registered manager if they did. One person told us, "The service is very good. In fact it's excellent. I've had a lot of care agencies and these are very good. Time wise and in terms of reliability I've had no problems at all. If I've ever had any issues they've dealt with them straight way and so I would definitely recommend them." Another person told us, "I did my homework and this company came up top. They have lived up to my expectations. It's all very positive and if I've ever not been happy with something it's been sorted out straight away as they want us to be happy with the service. We would recommend them without hesitation and have done so." One relative told us, "We are very happy as we have a good relationship with them. It gives us confidence and we have had no issues whatsoever." There were

good systems in place to make sure that people's concerns were dealt with promptly before they became complaints and there was regular contact between people and the management team.

People were supported to pursue activities and interests that were important to them. The service also provided support and companionship and accompanied people when out; for example when shopping and going to a local pub. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There was a registered manager in the service who managed two location offices; the other service was separately registered and inspected with us in Sutton Coldfield. People and their relatives all knew who the registered manager was and they told us that she was approachable. People and staff felt that the service was well run and had no complaints about the way it was managed. One person told us, "I can call on them any time night and day. They are always so helpful and if anything needs sorting out, then they do it straight away. The manager and all the staff are fantastic and are a credit to the company." The registered manager understood the responsibilities of their registration with us. They understood the need to report significant events to us, such as safety incidents, in accordance with the requirements of their registration.

Staff were encouraged to contribute to the development of the service and feedback on the service delivered through small staff meetings. Staff meetings were organised for the small teams of staff who provided support to each particular person. One member of staff told us, "This helps us to maintain confidentiality because only the care givers are invited." Staff told us these meetings gave them an opportunity to discuss any concerns and to receive up to date information that enabled them to provide care that met people's needs safely and effectively. Staff were also able to meet with each other at 'Chit-Chat meetings' which were informal meetings. These meetings did not have a formal agenda but were arranged to ensure staff had an opportunity to meet with each other and prevent the feeling of isolation. One member of staff told us, "It's nice to meet up with everyone. I think we have the same ethical values. Everyone is driven and spending time together helps us to learn about each other, who does what and learn about our different roles."

People were invited to share their views about the service through quality assurance processes, which included phone calls from office staff and support visits for the staff who supported them. These support visits monitored staff behaviours and ensured they displayed the values of the service. People were also asked for their views through an annual satisfaction survey. All comments and feedback were analysed by the registered manager and a report developed to show what people felt about the service. An easy read colourful poster was displayed in the office which detailed the key themes of the report. The registered manager agreed that it would be beneficial for people to receive this, to inform them of the results of the survey.

There was a business contingency plan which had considered how the service could operate in the event of a loss of crucial services. This included loss of power, telephony system and how the service could still be maintained for people. There was a live system in place which recorded when people received their support. This meant if staff had not logged in on a support visit, an alert was raised to ensure calls were not missed and staff were safe.

The registered manager worked in partnership with people and organisations within the local community. This included running a memory café in the local town. The registered manager told us that the memory café was a place where people with memory loss and their caregivers could get together in a safe, supportive and friendly environment. One member of staff said, "It's lovely to see people here and it's

important we give something back to our local community."

The registered manager regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, people received their care when this was expected and medicines were being dispensed as prescribed. Where improvements were needed the registered manager reflected on how the service could be improved. They told us, "We are committed to providing an excellent service for people. We listen to what people have to tell us and we are supporting them through the memory café. We want to continue to develop the services we provide for people so they can receive the best care."