

Tony O'Flaherty Limited

HomeInstead Senior Care, Wandsworth, Lambeth & Dulwich

Inspection report

Unit A122, Riverside Business Centre
Haldane Place
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

HomeInstead Senior Care, Wandsworth, Lambeth & Dulwich is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were 80 people receiving personal care support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Care workers were known as CAREGivers within the organisation. We will refer to them as such throughout the report.

Feedback from people, relatives and healthcare professionals was positive. Terms such as "Excellent" and "Exceptional" were frequently used to describe both the attitude of CAREGivers and the delivery of care. People's privacy and dignity were respected and care was delivered in a way that promoted people's independence. The provider advocated for people's rights and supported them to access community support systems.

The provider was involved in a number of community initiatives, working in partnership with other services to promote understanding and raising awareness about dementia. Feedback from people was extremely positive, many praising the management of the service. There was a high level of engagement with people using the service, their relatives and staff.

People and their relatives felt safe and secure in the presence of CAREGivers. The provider acted when any concerns were raised which helped to protect people from harm or abuse. Risks to people were identified during the initial assessments and then reviewed regularly. The provider had made improvements to its recruitment practice and the way in which people were supported to take their medicines.

People and their relatives said that CAREGivers were trained and competent to carry out their duties effectively. People were given appropriate support in relation to their diet and nutrition. Where required, CAREGivers liaised with other health professionals to ensure people's health needs were met. Consent to care was in line with good practice. People and their relatives were fully involved in the delivery of care and were in control of agreeing to their care.

Complaints were dealt with quickly and to the satisfaction of people. Care plans were person centred and were reviewed regularly. End of life care training was due to be delivered to staff.

Rating at last inspection

The last rating for this service was Good (published 23 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

HomeInstead Senior Care, Wandsworth, Lambeth & Dulwich

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by 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.

Service and service type

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

The service had two managers registered with the Care Quality Commission. This was because the Director had registered as a registered manager whilst recruiting for one. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2019 and ended on 30 September 2019. We visited the office location on 26 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine staff including the Director, registered manager, the scheduler and six CAREGivers.

We reviewed a range of records. This included seven care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

The Expert by Experience spoke with two people who used the service and six relatives about their experience of the care provided. We requested additional evidence to be sent to us after our inspection. We contacted six professionals to hear their feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, we made a recommendation about clearer record keeping in relation to the level of support that people needed in relation to medicines. The provider had made improvements at this inspection.

- People told us they received their medicines on time and in safe manner. Comments included "They do the medication for my mother successfully", "Yes they do. They prompt [my relative] to take them" and "Yes they do, they put in eye drops and give medication in the evening."
- People's medicines support needs were identified during their initial assessment and reviewed when needed.
- The provider had amended the medicines care plan to clearly reflected the required level of support. CAREGivers followed this guidance and supported people as required.
- CAREGivers had attended medicines training and were assessed as being competent in administering medicines safely.
- Medicines administration record (MAR) charts we completed by CAREGivers and were then audited to verify they had been completed correctly.

Staffing and recruitment

At the last inspection, we made a recommendation about more robust recruitment checks. The provider had made improvements at this inspection.

- Staff recruitment checks were thorough. They included both professional and character references, application forms with details of employment history, evidence of ID and a Disclosure and Barring Service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- Feedback from people and their relatives told us CAREGivers arrived on time and stayed for the agreed time. They told us, "Yes. On one occasion she was running 5 minutes late and phoned me to let me know", "They do, if they are late because the tube is on strike they will ring to let my father know" and "They are not clock watchers and will stay beyond the hour."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt reassured by the care they received and felt safe from abuse and harm from CAREGivers. Comments included, "Very safe, my [family member] holds the carer in high esteem. I also feel safe" and "Yes my [family member] loves the two carers, she feels very safe and the consistency helps."
- There were no current safeguarding concerns with the service.

- Records indicated that when concerns were raised, the provider acted promptly in informing the relevant authorities and took action to keep people safe.

Assessing risk, safety monitoring and management

- The registered manager completed an assessment of care which included any risks to people before they first started to use the service.
- Risk assessments were comprehensive and included a physical health needs assessment and a moving and handling needs assessment. Any support needs that were identified in these were recorded in a corresponding risk assessment which included any support methods to minimise risk.
- An environmental checklist was used to identify any risk in relation to people's homes.
- Where areas of high risk had been identified, these were managed through effective risk reducing which meant that people could continue to live their lives in a safe manner.

Learning lessons when things go wrong

- CAREGivers recorded any incidents in people's care records and reported these to the registered manager or other senior staff.
- Records showed when incidents took place, the provider took action to try and prevent repeat occurrences.

Preventing and controlling infection

- People told us that CAREGivers wore appropriate personal protective equipment such as gloves when they were being supported.
- Training records showed that staff received training in infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives told us that CAREGivers had the skills and expertise to look after them effectively. Comments included, "Some of them have skills that far exceed what they need", "I would assume so. Everything they do is of a high standard with professional love", "The training is good. He will share what he has learned with us. He is well informed" and "I feel confident when I watch them work."
- CAREGivers received a thorough induction to the service that was developed around the 15 standards of the Care Certificate and training in basic life support and moving and handling. The Care Certificate is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. Staff files included Care Certificate competency observation/assessments and an evidence matrix that CAREGivers had completed the training.
- The registered manager was qualified to deliver training which was all done in-house. She told us, "I want to do all the training in house as we understand the business. I'm really passionate about what I do."
- Records showed that CAREGivers attended both individual and group supervision regularly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us they carried out an assessment in people's homes when an enquiry came through and people expressed an interest in receiving care. The assessment was thorough and included any support needs that people had.
- People and, where appropriate their relatives were given time to make a decision if they wanted to proceed with the care package after the initial assessment or not. They were given information in order for them to make an informed decision.
- Once a start date had been agreed, the provider considered the suitability of which CAREGivers would be best suited to care for the person. Once identified, CAREGivers were always introduced face to face by the registered manager. The registered manager told us, "We never send CAREGivers by themselves at the first meeting."
- People and their relatives confirmed to us they were involved in the assessment process and care was delivered in line with their wishes, including a choice of CAREGiver.

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

- People and their relatives told us CAREGivers prepared their choice of meals. Comments included, "They make my food. They do what I want", "If [my family member] has not had breakfast the carer will give it to her. The carer leaves her lunch and a snack" and "I manage the food, and they give [my family member] her

lunch."

- Support plans include a section for people's meals, preferences and dietary requirements. This includes their level of independence, any allergies and preferences with regards to food and meal times. Where appropriate, they also included advice and recommendations from specialist professionals such as Speech and language therapists (SALT).

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Relatives told us, "The GP does home calls. The carer will let me know if she needs the GP. [My family member] had a fall, they called an ambulance and let us know" and "They have actually taken quantum leaps in [my family member's] mental health. She only goes out because of the carer." One professional told us, "People's needs are always met and documented I have built a good relationship with the carers who keep me informed of any changes. I can highly recommend their service."
- Each person had an emergency client information sheet to be handed over to ambulance personnel if required. This included important information such as a list of primary contacts, prescribed medicines and known allergies.
- CAREGivers were aware of where to find the contact details if they ever needed to make any referrals to healthcare professionals in future.
- Support plans were in place where people had support needs in relation to their health or medical needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

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

We checked whether the service was working within the principles of the MCA.

- The registered manager told us people were fully involved in agreeing to their care needs. Where there were concerns about people's capacity to consent, family were invited and involved. The registered manager said she would seek out assurances about any Lasting Power of Attorney (LPA) and if there were none then best interest decisions would be made.
- Care records includes details of any LPA or deputyship that were in place and included a service agreement - a contract where people had agreed and consented to their care and a client consent form. CAREGivers were aware of the importance for seeking consent when supporting people, one told us "I would give her a choice and she is able to pick one, if she is unable to decide I would make a choice in her best interests."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The service was exceptional at promoting people's independence so they could continue to enjoy their lives.
- Relatives told us that CAREGivers helped people to maintain their independence. One relative said, "In the evening [my family member] helps to prepare meals. That's what the family wants. The carer has taught [my family member] to do this over time and to cook more efficiently. It is beyond their job description", "Yes, they also try to get [my family member] to do a bit more. They used to take her out for a walk but she is too frail to do that now" and "Without a doubt they have succeeded in [promoting independence], simple things like taking [my family member] out, in preparing the vegetables. This only happened because of the carers. She is more alert, less tearful and more engaged with the world because of the carers."
- One relative gave an example of how their family member had resisted the family's attempts to go out of the house and to socialise but with the encouragement of CAREGivers had regained the confidence and independence to start going to a dementia cafe. They said, "We noticed how visiting the club had seemed to lift [family member's] mood and raised her self esteem, giving her the confidence to venture out where before she would not. The family are delighted with Home Instead's efforts to help [family member's] in this way."
- Another relative also spoke of the exceptional way in which CAREGivers had supported their family member who was very isolated and lonely. They said, "Having [family member's] attend the Homeinstead wellbeing cafe earlier this year was probably the best thing she did. She interacted with other people, who like herself find life very isolated and lonely. Although she didn't want to go at first, once the barrier was broken she started chatting to other people telling them all about her past life, her dancing and needlework."
- CAREGivers spoke with enthusiasm about the care they provided and how they cared for people. Comments included, "We provide care that is focussed on that person, often people with dementia want companionship and someone to sit and chat to them and we provide that", "Personal hygiene is personal so I would also ask, what would you like and how would like it to be done" and "I try and find out from them as much as possible how they liked to be washed. You have to respect how you wash them and also take into consideration people's culture and ethnicity."
- One health professional said, "Beyond its role as caregiver Home Instead is an integral part of the wider landscape of health and social care services, not only providing support to people in their homes but seriously improving provision for people in the community, which meshes greatly with broader work around social prescribing and encouraging independence."
- Support plans were written in a way that promoted people's independence. They were outcome focussed, with guidance for CAREGivers on how best they could support people to live meaningful lives whilst

maintaining their independence.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were very happy with the care they received and told us the CAREGivers were very caring. The feedback was extremely positive. Comments included, "Very, very good, extremely kind and caring. They are all excellent", "[My family member] is very fond of the carers", "Exceptional", "Absolutely, we are happy, they have a level of affectionate care" and "I am very satisfied, [the CAREGiver] has become like one of the family."
- Written feedback from people and their relatives that we saw all pointed to a service that was exceptionally caring and one that went out of its way to support people in the best way possible. These included, "[My family member] was treated with kindness, patience and at all times with dignity", "Their attention to detail was second to none" and "They really do go the extra mile, [My family member] has grown very fond of [the CAREGiver] and looks forward to her visits."
- A CAREGiver told us, "I do love my work. I love to leave people with a happy face, smiling." A health professional said, "They are fantastic carers. Their approach is fab!"
- CAREGivers were able to tell us about people's individual needs and told us they treated people equally and with respect. Care records included any cultural or religious needs and details of the person's history and interests. Care plans included people's profiles and background information containing detailed information about interests, lifestyle choices and family background. They also included potential topics of conversation for CAREGivers to engage in based on their profiles.
- People and their relatives told us that CAREGivers regularly went above and beyond their normal duties. One relative said, "They stay later if my [family member] has had an infection they have stayed for a whole extra hour. Or if she has been tearful. They do the exact opposite of cutting corners."

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

- People and their relatives told us they were fully involved in how their care was delivered. Comments included, "We are yes, we had a review last week" and "Yes, the most recent one was a few months ago when [my relative's] health declined."
- Support plans were completed with the help and input of people and relatives, where appropriate.
- The provider was a strong advocate for people and supported them to access external services that would be of benefit to them, this went beyond signposting people to other agencies. For example, the service had registered with Thames Water so people using the service would get priority support in the case of a power cut or loss of service.
- We also saw evidence where there were concerns with a client's housing situation, the provider acted proactively and contacted relevant agencies to try and improve their situation and through this the person was able to access a day centre and obtain a housing review.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service worked with people and their relatives to develop support plans that reflected their needs. These were reviewed and audited in response to changing needs. CAREGivers completed visit notes clearly recording the help and support people were given, such as their food and any personal care carried out.
- Support plans were outcome focussed and included people's wishes about how they wanted to be cared for.
- One professional told us, "I am especially impressed by the care plans which I feel are regularly updated but not just as a formality but as a person centred document."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans for people with impairments included guidance on how to communicate effectively with them, including tone of voice and level of language that was most appropriate.
- Recommendations from speech therapists were included where available.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were happy with the service. They said when they did raise any concerns, these were dealt with immediately. Comments included, "No, we have not had to complain. They are brilliant", "We have never needed to complain" and "There was a minor thing in the office, they were very apologetic" and "The chemistry with one of the carers did not work. They changed the carer right away."
- This was evident from the complaints register. There had been two recorded complaints, both were rectified immediately to the satisfaction of the complainant.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- Although Do Not Resuscitate (DNR) directives were in place for people, there was limited information about any end of life care preferences. We spoke with the registered manager about this who said end of life care training was due to be delivered to CAREGivers soon. We will follow this up at the next inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The director was passionate about community engagement and was a major advocate in promoting and raising awareness about dementia in the community. He told us, "It's very important for us to be engaged within the community."
- The provider had been involved in a number of initiatives in the community. The provider had been a key player in setting up and funding a dementia café in Lambeth in partnership with Age UK Lambeth and the Alzheimer's society. This was openly available, without charge to all people and their carers in the community. There were plans in place to start a second one in Dulwich. One professional said, "I am very impressed with Home Instead's involvement in community and raising awareness of dementia. [The director] is very passionate about good care and support for elderly people and we have just good experience with him." Another professional said "[The director] has delivered some very helpful Dementia Friends Sessions."
- People achieved exceptional outcomes as a result of attending these dementia cafés. Comments included, "The café at Balham was an absolute treat for [family member], made possible by being accompanied by your care staff that encouraged her along the way, and didn't allow her just to wallow at home stuck indoors" and "The fact that playing table tennis at the cafe gave her so much fun, was so out of her 'comfort zone' and gave her such an impressionable memory, allowed us to laugh and recollect with her when so much of the rest of her world was closing in on itself."
- The Director was a member of Lambeth Dementia Action Alliance (DAA), a network aimed at bringing organisations together to improve the health and social care of people living with dementia and their carers. One professional told us, "[The director] has worked tirelessly and enthusiastically to raise awareness about dementia in the local community and he was an early supporter of the newly developing DAA. He has been a positive supporter of our club, helping us to thrive and to support our members to live well with dementia." We also saw a thank you letter from a community service thanking the Director for sponsoring the Streatham dementia support group thereby enabling it to continue offering its services to Lambeth residents living with dementia.
- Client and staff satisfaction surveys were run by an independent company as part of the company's Pursuing Excellence by Advancing Quality (PEAQ) programme. People were asked about the quality of the service and the attitude of CAREGivers. Staff were asked about employee engagement, rewards and recognition, training and support and leadership and direction. A PEAQ champion was responsible for engaging with people and staff and following up on any feedback. One health professional said, "I found an organisation that puts an impressive amount of work into its relationship with its staff and making them feel

valued and well informed."

- CAREGivers were given the opportunity to provide feedback through regular one to one supervisions and staff meetings. Staff meetings were an opportunity for learning and engagement. For example, at the most recent meetings CAREGivers were given information about the new digital care planning systems and a representative from Age UK was invited to speak with the staff team.
- Breakfast mornings were also held, these were informal events attended by a member of the office team where CAREGivers could meet up for an informal chat and get together. A CAREGiver told us, "We have breakfast club once a month, so we can meet other CAREGivers. It's great to meet other people in a relaxed setting."
- A CAREGiver newsletter was published and sent to staff providing them with information and the latest news from the local office and the wider franchise.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives thought the service was outstanding and extremely well managed. Feedback about all areas of the service was overwhelmingly positive. Some of the comments included, "I think it is extremely well managed. [The director] is an excellent business manager and employs extremely good managers to do the caring side of things", "I would give them 110% they are just wonderful" and "They are so good, we can't praise them enough."
- There was an open culture within the service. People and their relatives told us the manager was approachable and they felt they had a close relationship with him.
- The provider had introduced a PEAQ champion within the team. Their role was to further promote an open culture within the service to capture any concerns and engage with CAREGivers and to respond to complaints and concerns from people and their relatives.
- A deputy manager had started recently who was overseeing a transition to a fully paperless environment with electronic care plans and a new e-learning system. This was due to go live imminently. One of the key benefits of this system was to allow people and their relatives to manage their own care and to be kept fully informed about the care they were being given.
- The registered manager was aware of her responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- CAREGivers told us, "I love working here, I wish I found this job ages ago. Everyone in the office is lovely. They really appreciate the work that you do",
- The provider completed regular audits to ensure they provided a good quality of service. These included checking medicines records and visit notes on a monthly basis. CAREGivers were required to complete a daily activity log after every visit. These logs were then audited by the office at regular intervals.
- Spot checks were also completed in people's homes whilst care was being delivered which helped to ensure CAREGivers were working to required standards.
- The service was one of the most recommended home care providers in London in the Home Care Awards 2019.