

Neighbourhood Care Limited

Home Instead Senior Care - Watford

Inspection report

Suite 1, G P F Lewis House
Olds Approach
Watford
WD18 9AB

Date of inspection visit:
07 May 2019

Date of publication:
16 July 2019

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

About the service: Home Instead Senior Care - Watford is a domiciliary care agency. It provides personal care for people living in their own homes. These include younger adults, older people, people living with dementia, people who may have physical disabilities and people with a learning disability living in their own homes.

People's experience of using this service:

People received care which met their support needs. People were put at the centre of their support.

People felt safe with the support they received. There was enough staff, which meant people received the calls they needed and got to build up relationships with the same staff.

The staff team were passionate about providing high-quality person-centred care and keeping people independent in their own homes.

People received support from health professionals and staff worked collaboratively with outside agencies.

People were positive about the management of the service and feedback from people was always welcome to improve the service given.

The management team had a positive ethos and were dedicated in providing good care.

Rating at last inspection:

At the last inspection, the service was rated Good. (the last inspection report published 12/05/2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence to support the rating of good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Home Instead Senior Care - Watford

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one adult social care inspector.

Service and service type:

Home Instead Senior Care - Watford is a domiciliary care agency. It provides personal care for people living in their own homes. People supported may be younger adults, older people, people living with dementia, people who may have physical disabilities, and/or people with a learning disability living in their own homes.

On the day of the inspection 79 people were using the service. Not everyone using Home Instead Senior Care - Watford received a regulated activity. On the day of our visit 43 people received the regulated activity. CQC only inspect the service being received by people provided with personal care, help with tasks related to personal hygiene and eating.

The service had a manager registered with the Care Quality Commission. 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 visit because the manager is often out of the office

supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before our inspection we reviewed information about the service including statutory notification that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the provider information return (PIR). This is information the provider must send us. This document details how they meet the regulations, identify any key achievements and any plans for improvement.

The inspection site visit activity started on 7th May 2019. We visited the office location on the 7th May to meet the registered manager and office staff as well as speaking to four staff member to gather their views. We reviewed two care files which included all aspects of care and risk.

We looked at two staff files including all aspects of recruitment, supervisions, and training records.

We also reviewed records of accident, incidents, and complaints as well as audits and minutes of staff and professionals' meetings.

We spoke with four people who used the service on 27th May 2019 to gather their views about the service provided.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke to said they felt safe with the staff. One person said, "I feel safe with the support".
- The provider had effective systems in place to safeguard people. Where concerns had been raised matters were dealt with in an open and transparent way.
- Staff knew how to identify and report concerns relating to abuse and they felt comfortable raising concerns.

Assessing risk, safety monitoring and management

- People had risk assessments in place which recognised their needs and the associated risks. These were reviewed regularly with people and their relatives. The reviewed detailed an overview of the persons support journey with provider. For example, it detailed that each person had an initial assessment, first visits from the staff and the what steps to continuously review peoples support needs.
- The provider acted where they believed there was a risk and was proactive in ensuring measures were put in place to reduce the risk. For example, they looked at equipment to help people stay in their homes and be safe. One person was partially deaf so could not hear the fire alarm. A sensor was fitted under the pillow in their bedroom and the chair they sit on which would vibrate and alert the person of danger.
- The registered manager ensured staff attended falls prevention training. This mean that staff were able to proactively access the persons environment and reduce the risk of falls. With this intervention there had been evidence of a reduction in falls and hospitalisation by 10% over a six month period. The staff are proactive in identifying falls and will raise this within the digital application which means the management team can proactively support the person and the staff to reduce the risks.
- The registered manager acted as an advocate for people and ensured that people could live as independently as possible. For example, one person's wish was to stay in their own home. The registered manager worked with the fire service, hospitals, and social worker to put equipment in place, so the person was able to stay in their home. The relative said " [The provider] have assisted with ideas and suggestions to ensure the home where [Family member] lives was as safe as possible."

Staffing and recruitment

- People felt that the staff had the right skills, however staff vary in experience. One person said, "Inevitably in any situation [Staff] vary. They are nice, they are all willing to help." All staff received the same level of training and support to ensure they were competent to carry out the role.
- The registered manager was proactive with recruitment of new staff to meet the needs of the growing business. This meant that there was a regular staff team which gave people continuity.
- The provider promoted people's safety and wellbeing. For example, staff had a device where they could sign in and out, this sent alerts to the office to ensure their safety as well as monitoring staff visits and call

times.

- The management team looked to match staff members skills and interests with a person's request. For example, one person requested a staff member that would support their religious and cultural beliefs.
- People were supported by staff who had been through a robust recruitment selection process. This focused on gaining insight into people's values and experiences. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- Staff understood their responsibilities and roles when administering medicines safely.
- The registered manager ensured regular audits and spot checks of medicines were completed. Where an error had been identified there was a detailed procedure in place.
- The staff had received appropriate training and were skilled and knowledgeable in this area.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons were provided for them.

Learning lessons when things go wrong

- The provider had an open and transparent culture where all safety concerns raised were looked into.
- All staff were involved in lessons learnt. This was discussed in staff meetings and actions put in place to prevent reoccurrence.
- The management team were committed to improve safety when supporting people and giving staff knowledge around this. For example, people and staff have attended scam awareness sessions.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service. Assessments detailed people's needs, preferences and details about other professionals involved in people's care. Care plans were developed from these assessments and detailed people's choices and how they liked their support to be delivered.
- People we spoke to said they felt in control of their care. One relative said, "I appreciate how the agency have adapted the care plan and call times as things are continually changing with [my relative] condition."
- The management team kept up to date with ways to continuously improve people's lives. For example, the staff team have been working in partnership with local organisations to build a dementia friendly community, this highlighted people's awareness of what dementia was and how it affected people day to day.

Staff support: induction, training, skills and experience

- Staff received training from a dedicated trainer who made sure the staff were able to develop the culture and values set out by the provider. Staff had the opportunity to have training which had been adapted to their personal learning needs. For example, the trainer spoke about the mentoring scheme which was a mixture between face to face training, staff being supported when attending visits and matching people with staff.
- Staff had training that covered health and safety, safeguarding, mental capacity act, manual handling, Food hygiene and had specific training dependant on the service user support needs. For example, Dementia and accredited training for end of life care.
- Staff had regular competency checks throughout their employment in areas such as medicines administration and moving and handling. Staff will complete medication and manual handling competency. Staff received safeguarding training annually.
- A staff member said, "The training was really good and personalised for each person. I have done lots of training."

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

- People's dietary needs were highlighted in the care plans and any risks of malnutrition managed, this was through using tools and encouraging high calorie foods. For example, one person was admitted into hospital three time over one months due to falls this was relating to poor management of their diabetes and having a high sugar intake diet. Upon discharge the staff team worked with the district nurses to help the person have a balanced diet this The result was the person was less confused and did not have any more falls as well as their blood sugar stabilising.
- People told us they were supported to make meals and the staff were aware of their likes and dislikes. One person said "They will check what I want to drink, and they know what I like to eat. We make a list for

shopping and my [Family member] will go and get it."

Staff working with other agencies to provide consistent, effective, timely care

- The management team and staff spoke passionately about the people they supported and were able to promptly identify people's changing needs.
- People had input from agencies such as doctors, physiotherapist and social services to help with providing care that met all of their needs.

Supporting people to live healthier lives, access healthcare services and support

- People felt that staff helped them live healthier lives. One person said, "I have been admitted into hospital a lot less since the support. This year it has only been twice, and I used to go in once a month, maybe twice a month. I think it's a mixture of everything and the support I get from the health professionals."
- Health and social care professionals we spoke with described the working relationship they had with staff as positive not only with them but with people being supported as well. A professional said "They worked well with me and the patient to complete the activities as best as possible. The carers were very respectful of the patient and communicated with them throughout"
- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying a change in someone's health and involve health professionals to find the best treatment for people. For example, a person had reduced mobility and arranged the appropriate health professional to support the person to get specific equipment and exercise in place.

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.
- Where necessary people's capacity had been assessed in line with guidance and decisions had been made in people's best interest.
- People told us staff asked for their consent when supporting them.

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

People were supported and treated with dignity and respect; and involved as partners in their care. Ensuring people are well treated and supported; respecting equality and diversity

- People felt the staff treated them with respect. One person said, "They treat me with respect. The staff are great."
- Staff showed passion and commitment when speaking about the people they supported. They were a number of examples of where staff had a great understanding of people's support needs, likes and dislikes. For example, A person's relative would always have fresh flowers in the house. The staff understood the significance of this and every week would make sure there was fresh flowers in the home. The person said it helps them remember their relative and brightens their day.
- The registered manager created a local 'whats on where' guide outlining all relevant activities in the area for people using the service. This meant that people were of event in the local area and had a choice to attend and meet with people. For example, people attended local singing sessions where they connected with their memories relating to music through their lives.
- The provider was proud to say they made sure they not only cared for the people they supported but also the welfare of the staff. Through access to counselling, employee benefits and staff events.
- People's care plans and records were written by staff and used respectful language.
- The registered manager promoted and upheld people's and staff's equality and human rights. For example, one person's support needs were around maintaining their beliefs and religion. As part of this staff would prepare their home for all religious days. This meant the person did not lose an important part of their life.

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

- People could express their views about the service they received. One person said, "If I found one of the staff not doing what they should, the management team would do something, and it would not be left up in the air."
- People told us they were involved in developing their care plans and making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- The staff reviewed a person's needs to empower people to become more independent. One person started with three calls a day, the staff supported the person to build their confidence which enabled them to become more independent, eventually the outcome was that the person did not need support from the provider anymore.
- Everyone we spoke to said they were treated with dignity and respect. One person said "[Staff] treat me with dignity. I get on well with them all."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us that the support they received helped them stay in their home. One person said, "It makes me feel really good. I was in a care home for a few months. So, the minute I felt I could cope at home I moved back. I don't think I would have moved back without [service]."
- Support calls were arranged to meet the needs of the people and their requests. One person said "They are excellent with timing. It would really annoy me if they were late, so I really appreciate that."
- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff. For example, one person expressed that it was important for their table to be laid in a certain way when they eat. The staff took pictures of this and documented in their care so other staff were aware of the persons preferences.
- People had support with social engagement and were encouraged to maintain hobbies and interests. For example, one person could not prepare or cook varied meals and wanted to learn. The registered manager matched the person with a staff member who had skills of cooking. The outcome was the person learnt a new skill that they had always been interested in.
- The registered manager constantly strived to improve the service and provided people with enabling care and support to live fulfilling lives. One person was admitted into hospital and was not safe to be home. The person had a family event that they wanted to attend. The family were unable to support the person due to their health and support needs. The registered manager worked alongside health professionals to plan for the person to leave for the day to attend the event. This meant a lot to the person and the family.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which was shared with people. The registered manager reviewed this information monthly to spot ongoing concerns and put actions in place to resolve these,
- We reviewed the complaints record which showed that any concerns raised had been responded to appropriately detailing actions and outcomes.
- People told us they were comfortable in raising concerns if they needed to and were confident it would be dealt with.

End of life care and support

- The management team spoke about the importance of integrity and kindness. This was one of their values that was developed by the whole staff team. An example of this in practice, A family was being supported by the provider. The person was at end of life and requested the staff review their care plan to make sure their family members were supported after they passed away. The support was introduced, and the feedback given to the provider was that they felt peace of mind know that their relative would be in safe hands.

- The provider gave an accredited course for end of life support to their staff where appropriate.
- At the time of the inspection no one was being supported with end of life, however the provider had systems and information in place if people's needs changed.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had clear and effective governance systems in place which enabled the management team to have confidence in the service being delivered. This included business plans, spot checks, and audits of care plans, medicine records and staff performance. In addition, the registered manager carried out regular meetings with the office team to discuss processes that improve the support being given along with reviewing their governance system.
- Staff were positive about the management of the service and were able to feedback about the service in staff meetings and supervisions.
- Staff understood their roles and responsibilities and they felt the management team were always supportive and compassionate. Staff told us were motivated and supported to understand their roles and responsibilities. A staff member said, "[The manager] is so focused. I lacked in confidence [The manager] has brought things out of me. I am in a really good place. They saw something in me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People were pleased with the staff and the care they received. One person said "I have recommended them to 3 people. I would not hesitate to recommend them to anyone."
- People were involved in their care and were encouraged to express their views about the support they were given. People we spoke to said they are able to offer feedback and felt listened to. One person said "[Staff member] came and asked me how I felt. I can always ring the office and they would listen. I had different people every 5 minutes but now I have two regular carers."
- The registered manager organised events where they invited primary school pupils as well as the people they supported to afternoon tea's as well as people attending the pupils nativity plays and events,.
- Staff had been given the opportunity to be involved in the running and developing the service. The registered manager has developed a clear vision of values involving the staff in establishing what was important when delivering the service. The management team said this meant all the staff could feel passionate and own the meaning behind the values.
- The management team were always available for advice. The management team had an on-call system where someone was available to offer advice to staff if needed out of normal working hours. One staff member said, "I don't feel isolated as there is someone at the end of the phone." Another staff member said "I have had to call at night. It reassures you someone is there. I think although in my head it might be silly they have said no question is a silly question."

Continuous learning and improving care.

- One staff member told us they contacted the office when they needed advice on how to support someone. "The trainer came to a call with me and showed me the best way when supporting. I am now more confident. They are always there around the clock doesn't matter what time."
- The provider demonstrated they looked to continuously learn and improve care. At the time of the inspection they had recently introduced an electronic care planning system to improve the quality of the records kept. The feedback so far was that this improved the support being given as it prompted the need to administer and recording medication, as well as tasks that needed to be completed.
- The registered manager understood the legal requirements linked to their role. They had links to other organisations to ensure they kept up to date with any changes.
- The management team collated information from quality monitoring and feedback to improve their service. These improvements were shared with people using the service and staff. This information was put into an action plan and completed.

Working in partnership with others

- The registered manager had worked with charity's for partnership working events and offering their services to help other people in the community. For example, the registered manager worked closely with the local authority to provide dementia awareness for the local community and this had a very positive reception. This also extended to working with schools to educate them on dementia.
- The registered manager worked collaboratively with external professionals, as well as meeting with other care providers and working in partnership to share knowledge and skills to achieve good outcomes for people. For example, they had linked with an external care providers membership where they had been involved in an impartial feedback service and gained access to specific courses and that could improve the service.