Bedrock Care Services Limited

Home Instead

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

This inspection visit took place on 7 and 8 August 2018 and was announced. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to talk with us.

Home Instead is a domiciliary care service, which provides personal care for adults who live in their own homes. The service caters for older people, as well as those with a physical disability or sensory impairment and also those who are living with a dementia related illness. The home care service is based in Dawlish Devon. Not everyone using Home Instead received a 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 currently supports 17 people in the community receiving a regulated activity.

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

People were very happy with the service and the support they received. People had confidence in the staff who supported them. They told us staff were familiar to them and knew them well. One person said, "They do everything I ask them to do. They are very helpful."

People told us their care workers were kind and caring. One person told us, "They are all very nice. Lovely girls, they take care of me." Relatives also told us how happy they were with the care and support their relatives received from Home Instead. One relative said, "I think they have been excellent. They are really caring and have helped mum get through her recovery."

People told us their privacy and dignity was respected at all times and they were supported to maintain their independence, as far as possible. Records we saw supported this information.

There were enough staff to provide care and to offer flexibility in the service. The registered manager made sure new staff had a full employment history and obtained recruitment checks before employing them. Staff received training to enable them to deliver effective care. They were supported in their roles by supervision and appraisal.

People received a safe service. We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to provide safe care for people. Risks to people's safety were assessed and reviewed.

Staff understood how consent should be considered in line with the Mental Capacity Act 2005. The registered manager understood the requirements of the law and what action to take if they became concerned about a person's ability to make decisions for themselves.

People were offered choices in the meals and drinks staff prepared for them. Staff understood people's dietary requirements and when necessary left snacks or drinks for people to have later.

People were involved in planning their care and determining how they wished to receive support. They spoke highly of the care they received and of how staff would assist them with additional tasks if necessary. People's care was reviewed and updated in line with their needs and wishes. Where people could benefit from additional support, referrals were made to other healthcare professionals.

People and relatives told us they thought the service was well managed. People felt able to contact the management team or staff if they had concerns and said they received a quick response.

Systems had been implemented so that the quality of service provided could be closely monitored, to ensure that people were receiving the care and support they required. These were in the form of audits and surveys. Records showed that people had been asked for their views about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said they felt safe. Staff were aware of safeguarding and knew how to recognise and report suspected abuse.

People were supported by staff to manage risks to their safety.

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received training appropriate to their role. New staff were supported to complete an induction and all staff were supported through regular supervisions.

Staff understood how to obtain people's consent. The principles of the Mental Capacity Act 2005 were being followed.

People were offered choice in the meals they received.

Staff monitored the well-being of people and quickly requested a health professional visit people when needed.

Is the service caring?

Good

The service was caring.

People told us they felt well cared for.

Staff treated people with dignity and respect whilst encouraging them to maintain their independence.

Staff understood about person-centred care and this was reflected in their care plans.

Is the service responsive?

Good

The service was responsive.

People decided what care they wanted and people's care needs and preferences were regularly monitored and reviewed.

Systems were in place to respond to people's changing care needs.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided. Complaints were responded to promptly and managed well.

Is the service well-led?

Good

The service was well led.

People felt able to access senior staff to discuss their care.

People's care, as well as staff performance, was regularly reviewed in order that the quality of care could be monitored and people's care developed further.

Staff felt supported and able to speak to managers if they had any concerns.

Home Instead

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 was 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 the service's first inspection since registering with CQC in September 2017. This inspection took place on the 7 and 8 July 2018 and was announced. The first day was conducted by two adult social care inspectors. One adult social care inspector visited people in their homes on the second day of the inspection. We gave the service 24 hours' notice of the inspection site visit because we wanted to ensure that someone would be in the office to assist us with the inspection.

Before the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We did not ask the provider to complete a Provider Information Return (PIR), because this was the first inspection since they had registered with us. The PIR is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spoke with the managing director who was also the nominated individual, the registered manager and eight care staff. We met and spoke with four people who were receiving a service and one relative. Following the office and home visits, we spoke on the telephone with another relative.

We reviewed the care records for six people, including the four people we arranged to visit, as well as records related to the running of the service. We also reviewed records such as staff recruitment and training records, care call rotas, medicine records and records associated with the provider's quality checking systems. We used this information to help us make a judgement about the service.

Good

Is the service safe?

Our findings

Without exception, people said they felt safe with the care and support they received. They told us they were cared for by staff who took their time and provided care in a safe manner. When we asked people if they felt comfortable with staff, their comments included, "Of course", "Yes definitely" and "I feel very safe."

Staff had received training in safeguarding adults and knew their responsibility to report any issues of concern over people's safety and welfare. Staff were able to explain different types of abuse and what they would do if they considered a person to be at risk of harm. Staff were confident senior staff and the registered manager would take appropriate action.

Risk assessments were in place to ensure that health care risks and environmental hazards had been identified and strategies implemented in order to protect people from harm. These included risks related with people's mobility, administration of medicines and skin integrity. For example, one plan we looked at provided detailed information for staff on how to support a person to move safely around their home. Another care plan detailed what staff needed to do in relation to a person's complex health needs.

Staff were aware of the risk assessments and followed the guidance that was in place to reduce any risks. Staff described a process of continuously assessing risk and using the risk assessment to support people to positively manage risks. For example, one person was at risk of falls but did not want to remove furniture that might pose a trip hazard. Staff supported them to move around their home to minimise the risk without impacting on their wishes.

Support was planned and delivered in a way that promoted people's safety and welfare. For example, where people needed to use moving and handling equipment this was available, and staff had received appropriate training. People told us staff knew what they were doing and helped them move safely and with confidence.

Environmental risk assessments were undertaken of people's homes to ensure potential hazards were identified. Staff were expected to report any health and safety concerns they identified when they visited people. This reduced or eliminated the chances of accidents, incidences or near misses. The service monitored accidents and incidents and records showed what had happened, if any first aid was administered and if any other agencies were involved or informed. The nominated individual reviewed all accidents and to ensure appropriate action would be taken and where necessary, identify where changes would need to be made to reduce the risk of reoccurrence.

There were enough staff to meet people's needs. People told us staff were punctual and stayed for the expected length of time. Some people told us on the odd occasion staff were late, the staff member or the office would call them. No one reported a missed visit and people felt confident that this would not happen. Comments from people included, "They are always on time", "They always stay for the full hour and they ring or the office, if they are going to be late" and "They never miss a visit."

The service used an electronic scheduling system to produce a rota of care visits with which staff were allocated to go to each visit. We spoke to staff about the timing of visits and asked if they were given enough time to travel to their next visits. One staff member said, "Yes we're given enough time to get to people. We don't have to rush off."

We asked the registered manager what happened in case of a missed care visit. They said "We have never missed a visit since we started" and this was echoed by staff who all said they could not think of a time a visit had been missed. The electronic scheduling system showed no visits had been overlooked. This system had a robust way of tracking when staff had called in and out of visits either through an application on their mobile phone or calling in using a landline which then linked to the schedule. Managers were able to closely monitor the safety and whereabouts of staff using this system and received alerts if staff were running late.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care workers confirmed they were not able to start working at the service until all pre-employment checks had been received by the provider.

People who needed assistance from staff to administer their prescribed medicines told us they received the support they needed. One person commented, "I've never had a problem with my tablets." Staff had received training in managing and dispensing medicines. Staff told us they were comfortable administering and supporting people to take medicines. We saw Medicine Administration Records (MAR) were fully completed without any unexplained gaps. Where people took medicines on an 'as required' basis, these had been recorded. MARs were returned to the office regularly and checked by the registered manager or deputy manager monthly. We saw evidence that where these checks found discrepancies or errors in MARs they were followed up with the staff member concerned.

People told us staff followed good infection control practice by using disposable gloves and aprons (PPE), when needed. The office was stocked with sterile gloves and aprons and the registered manager showed us a bag each staff member was provided with containing all PPE they might need on a visit. We saw records where staff came to the office to sign out PPE so the amounts staff used could be tracked for monitoring stock and managing infection control risks. Staff received training on infection control as part of their induction and when managers observed care, records showed they checked staff were following infection control procedures and using PPE.

Good

Is the service effective?

Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service and how reassured they felt by the care and support provided. One person told us, "I have excellent carers; they are all well trained and professional." Another person said, "Whatever they do for me it's good. They know what they are doing."

People received care and support from staff who benefitted from well-planned induction and training provision. Newly recruited staff completed a comprehensive induction programme which included up to four days class room-based training, tailored to the educational needs of the new staff member. New staff were then introduced to people, accompanied by a member of the management team, to supervise and observe their practice. The registered manager told us they carefully matched people with staff members they knew they would get along with and build a good relationship with.

Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities. One member of staff said, "The training is really good and they always give us the training we need." Examples of training included moving and handling, health & safety, nutrition and hydration, fire safety, safeguarding and infection control. A system was in place to identify when refresher training was due so that staff skills were maintained. Staff were encouraged and supported to undertake advanced social care qualifications whilst working for the service. One care staff said "If we need extra training we just ask for it."

Staff were supported through regular supervision and we saw records of these in staff files. Staff confirmed they had received formal supervision in a meeting with their manager and often had phone discussions with the management team where their welfare was checked. As well as ongoing telephone contact and arranged meetings, managers supported staff to improve their practise through home visits where they observed care and spoke with people, and then fed back to care staff. One staff member said, "The feedback can be useful. We see each other constantly and discuss people's care."

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.

We checked whether the service was working within the principles of the MCA. Discussion with the registered manager demonstrated they understood the relevant requirements of the Act. For example, they described the best interests process they were following for one person who was becoming more confused and was experiencing fluctuating capacity. They told us following concerns raised, they had arranged a best interests decision meeting with the person, their legal representative and housing officer to discuss if the person was

safe living alone and the property they were living in was suitable. This showed that the registered manager was aware of the processes involved if a person was thought to lack capacity to make decisions for themselves.

The registered manager told us no one using the service at the time of our inspection had restrictions on their liberty; however, they were aware of when this may be applicable for people and the process they would follow.

Staff were aware that people had to give their consent to care and had the right to make their own decisions. Staff respected people's right to refuse care. They told us that if a person did not want care, they would encourage them but if the person declined, they would respect this and would record it in the person's daily notes. In the care files we reviewed we saw people had consented to the care planned. When we spoke with people they confirmed this to be the case. Others confirmed staff asked for their consent when performing individual aspects of care, such as administering medicines or helping with personal care.

People were supported to maintain a healthy diet if this was part of their planned care. Care plans included full details of the types of food and drinks people preferred to eat at each meal time. For example, one person preferred to eat cornflakes with a banana for breakfast and enjoyed a fish and chip supper on a Saturday. Staff supported people to choose and prepare their meals or by helping them with shopping for food. Staff knew people's food preferences and for those people with swallowing difficulties, how their food should be presented and what food to avoid. People told us staff always ensured they had everything they needed, such as drinks and snacks, before they left them. One person told us, "They make a cup of tea before they go."

People were supported to access healthcare services. Staff liaised with health and social care professionals involved in people's care if their health or support needs changed. People's care records included evidence that the service had supported them to access district nurses and other health and social care professionals based on their individual needs.

Good

Is the service caring?

Our findings

Everyone we spoke with expressed their satisfaction with the quality of care and support they received. People were supported in a kind and compassionate manner. They complimented the caring attitudes of staff. One person told us, "They are all very nice. Lovely girls, they take care of me." Another person said, ""I have nothing bad to say. They are very caring and kind and they will do anything for you." Relatives also told us how happy they were with the care and support their relatives received from Home Instead. One relative told us, "I think they have been excellent. They are really caring and have helped mum get through her recovery."

Staff talked positively about their work and spoke about people with warmth and affection. One staff member told us, "I just love being a carer, the people are so lovely." Another staff member said of the person they cared for, "She is an awesome lady, we have become like friends." Staff embodied the caring values of the service, one staff member said, "We want to reduce anxieties and worries people have and do everything in our power to make them happy."

Staff often went above and beyond providing support described in care plans. People told us staff would go shopping for them when they ran out of things and staff bought birthday cards to celebrate people's birthdays. On one occasion a staff member went to a person's home at two in the morning to sit with them because the person felt unwell and had called the 24 hour on call service.

When we visited people's homes, we observed staff provided kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. People told us they felt comfortable with the staff that visited and staff did not rush them.

Care plans contained information, for staff to be able to understand people's needs, likes and dislikes and provided care and support in line with their wishes. We found that staff demonstrated they knew people well and cared about whether they were happy or not. Staff knew how individuals communicated and gave people the time they needed to make choices about their support. We heard of examples where humour was used to encourage a person to get out of bed and gentle persuasion for another to have cream applied to their legs, as they were the approaches they liked best.

Staff supported people to maintain their independence. People told us staff encouraged them to do what they could for themselves. One person told us, "They help me to dress, but they don't help unless I want them to help, which is what I want. I like to do things for myself and they let me do that." Another person told us, "They don't take over, they help when I need it."

Staff understood what it meant to promote dignity and respect. Staff gave us practical day-to-day examples such as closing curtains when supporting people with personal care and leaving the room when people were using the commode if safe to do so. Staff understood this was important to people in retaining their dignity and privacy. Staff said they respected peoples wishes and felt the service gave enough time to perform care in a respectful way. Comments from staff included, "We are given lots of time to care, an hour

minimum so we aren't ever rushed" and "There's no time pressure for giving care."

The provider had a policy on equality and diversity and staff were provided with training to ensure they understood how to protect people's rights and lifestyle choices. The manager and staff said people would not be discriminated against due to their disability, race, culture or sexuality. Care plans recorded important information about people's relationships with others and those important to them.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home, staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records. One relative commented, "We receive regular updates. If there are any worries [registered manager's name] rings me."

Good

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs and was very reliable. People told us they were satisfied with the care. One person said "They do everything I ask them to do. They are very helpful."

People told us they were involved in planning and adapting their care to meet their needs. People and their relatives, where appropriate, were involved in the assessment of their needs, before they began receiving care and support from the service. This was followed by regular care plan reviews in people's homes to check the agreed care arrangements were appropriate.

We looked at care plans and saw these were 'person centred' and gave staff information about people's care needs, routines and preferences This enable staff to support people in the ways they preferred. For example, one person's record said they liked to have a bowl of warm water with two flannels in to be beside their chair, so they can have a wash. Care plans were written in a respectful and positive way and included information about the tasks people could carry out independently as well as the care they required.

Staff showed they knew people and their needs and how to make their care person centred by describing in detail what people liked and how they liked their care to be given. For example, one staff member told us one person liked a certain number of prunes on their cereal. Another staff member described how one person was only ready for personal care after they had had a cup of tea and a chat first. People we spoke with confirmed staff supported them in line with their own preferences and as written in the care plans.

The service responded quickly to peoples changing needs. For example, one person's care hours increased rapidly and the service put support in place, to meet the change in hours. Another person required the time of the visit to be flexible around their friend visiting. The service responded and rearranged the visit half an hour later than originally scheduled to accommodate this. One person told us, "They are very, very good. We've asked them to come earlier tomorrow and they've sorted it out with no fuss."

We saw people's care plans were amended as their needs changed. We asked staff how they knew what people's needs were. Staff told us they were always sent a person's care plan before meeting them, and before any care was given they were introduced to that person by one of the managers. One staff member said "We don't provide care to people we haven't met as it's not fair on them or us."

Daily care records were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs and any advice provided by professionals. Staff told us they passed on everyday information to each other to provide continuity of care. For example, if a person was not feeling well or if they wanted to do something in particular that day.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs

relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 1 November 2017. Care plans identified people's communication needs and provided staff with guidance about how to communicate effectively with them. The registered manager told us information could be provided in different formats to support people's communication needs.

In order to ensure people received a safe, effective and responsive service, the registered manager completed spot checks and visited people whilst staff were supporting them. These visits had a dual purpose, they were able to assess staffs' work performance, their interaction with the people and assess the person's view on how the service was performing. The management team also maintained regular contact with people and relatives to ensure people were happy with the service they were receiving.

People and their relatives told us they did not have any complaints about the service they received but would be confident any concerns would be taken seriously. One person said, "I have no complaints whatsoever." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. We saw that complaints were responded to promptly according to the policy and recorded capturing what the complaint was about, when it had been received and how it had been responded to. We saw that concerns and issues were taken seriously and people's views were taken into consideration. For example, one person said they did not enjoy the company of one staff member. The service responded and removed that staff member from their care team.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed. They said communication was good and they felt well-informed. One person told us, "Yes definitely very well managed, they seem to be a good team." People and relatives all described the management of the service as open and approachable. One relative said, "They are very professional. I would thoroughly recommend Home Instead."

The service had a clear vision to deliver quality care and this was described by staff when we spoke with them, showing that the registered manager had communicated their vision to all staff in the service. The ethos of the service was supportive, and this was evident through the relationships on display in the office environment we observed. Staff supported each other, and the managers supported the care staff and each other. The registered manager told us, "If we look after our staff and treat them with dignity and respect it will rub off on them and they will deliver outstanding care."

The service had a structure in place where the nominated individual, registered manager and deputy manager had clear responsibilities. During the inspection the office team were able to respond promptly and positively to our questions and provide answers to our queries. The registered manager was open throughout the inspection process and forthcoming with information when we requested it and showed knowledge of their responsibilities as a manager of a service that provided regulated activities.

There was a clear quality assurance process for gathering feedback from people and ensuring the quality of care provided was meeting the expectations of people and the standards the service set. This included a telephone call after the first care visit, a quality assurance visit after four weeks, three months, and nine months, and a service review at six months and 12 months.

The service had recently gathered the views of staff and people with a survey commissioned through an impartial agency. Results were being compiled at the time of our inspection. We also saw views had been gathered through ongoing interactions with people on care visit observations and through telephone calls.

We looked at quality assurance records and how performance of staff was managed. We found some systems were robust and working well but that others needed some work as the service developed. For example, auditing of MAR charts was effective, but some processes around auditing care files and how to record when issues had been followed up needed to be formalised. We discussed this with the registered manager and they acknowledged that some processes were a work in progress whilst the service was still finding its feet but there was a 12-month plan to drive improvements which we were provided with.

The nominated individual told us of a strategy to engage new people to support with packages of sustainable care. This included their plans for reaching out to the community in innovative ways such as through a dementia café or healthy eating in older age workshop. We heard examples throughout our visit of people being supported to maintain their links to the wider community through being supported to stay in contact with friends and relatives. For example, one person was supported to attend the same hairdressers

when their mobility lessened.

Staff gave very positive feedback about the support they received from the management team. Comments from staff included, "I have never worked for such supportive managers" and "If ever I'm unsure the guys are there to answer questions. Managers come out to clients too." Staff also told us, "The way they put clients first I find just amazing" and "Managers always listen to people and staff and care greatly."

Records containing confidential information were kept securely in lockable cabinets in a lockable office. Staff and managers spoke of the importance of keeping information confidential and safe.

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled.