Solas Senior Care Ltd

Home Instead Andover & East Wiltshire

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

We undertook an announced inspection of Home Instead Andover & East Wiltshire on 30th January 2018.

Home Instead Andover & East Wiltshire is a domiciliary care service providing personal care for people in their own homes in Andover, East Wiltshire and the surrounding area. At the time of our inspection eight people were receiving a regulated activity (personal care) supported by the service.

There was a registered manager 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 told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained. The service had safe, robust recruitment processes.

People were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People were treated as individuals by staff committed to respecting people's individual preferences. The service's diversity policy supported this culture. Care plans were person centred and people had been actively involved in developing their support plans.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and

meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care planned to ensure it met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Processes were in place to support people with their end of life care needs.

Is the service well-led?

Good

The service was well- led.

The service had received good feedback from people, relatives, staff and professionals.

There were systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

Home Instead Andover & East Wiltshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Home Instead Andover & East Wiltshire is a new service, registered in January 2017 and this was their first inspection.

This inspection took place on 30th January 2018 and was announced. We told the provider one day before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by an 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with two people who used the service, five relatives, three care staff, a health professional, the registered manager and the director. During the inspection we looked at two people's care plans, two staff files, and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. People's comments included, "I do [feel safe], they are very good, they help me as much as they can. They go out of their way to really help me", "Yes, fine" and "They always close and lock the door on leaving."

People were supported by staff who were trained and could explain how they would recognise abuse and what they would do about it. One staff member told us, "If I notice anything I would contact the office immediately, I would contact CQC, the safeguarding team at Wiltshire Council." Another member of staff said, "I would report it to the office or go straight to the safeguarding team. I have not had to report in this role." Safeguarding policies were in place and we observed the safeguarding flowcharts for Wiltshire and Hampshire Councils plainly visible at every workstation in the office. The contact details were required for both Councils as the service supports people in both Counties.

The staff we spoke with were also knowledgeable about their responsibility to whistle blow. One staff member told us, "It's reporting something that you think is wrong in the service." Another member of staff told us, "The care giver can report poor service." Staff knew how and where to report their concerns. Whistleblowing is the term used when a worker passes on information concerning wrongdoing. The wrongdoing will typically (although not necessarily) be something they have witnessed at work.

People were protected from risks. Individual needs were assessed and reviewed regularly. For example, one person had a risk of falls but sometimes preferred to stand up in the shower. A shower chair was in place and the staff member assisted the person, but also recognised that the person still liked to stand up and shower themselves, when they felt able. This is a good example of positive risk taking and enabling the person to maintain independence whilst managing risk safely.

Records related to recruitment showed a robust process. This included all the required safety checks relating to past employment, references, identity check and DBS. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. There were sufficient staff deployed to meet people's needs as the service recruits staff prior to people commencing care, so that they have staff who are ready to support when they are 'matched' to the person.

Medicines administration was managed safely. The service had a medicines policy and PRN (as required) protocol in place. Staff had robust training in medicines administration at CACHE Level 2 (Council for Awards in Care, Health and Education). This included how to complete a MAR (Medicines Administration Record) chart correctly, with specific guidance 'remember the five R's' (the right person, the right medicine, the right dose, the right time and the right route). Staff were able to identify unsafe practices, for example the use of a home-made medicine dispenser. Staff are observed and assessed in their competency before they undertake medicine administration unsupervised.

The service was able to learn from mistakes and take the appropriate action, for example, two medicine

errors were reported to us. One of these included a person being given an anti-biotic from a supply which was in use, prior to a hospital admission and who had been prescribed a new supply. The GP was notified immediately who confirmed there was no danger, the daughter of the person was notified under The Duty of Candour and the staff member was given further guidance on checking the dates on the medicines packs.

People were protected from the risks associated with infection control. The registered manager told us that all staff have PPE (personal protective equipment) and have had training on infection control, including effective hand washing guidance. People's home environments were also assessed for risk which included noting if there were smoke detectors present and the safe storage of household chemicals.

Good

Is the service effective?

Our findings

People's needs were assessed prior to accessing the service to ensure those needs could be met. People and their families had been involved in the assessment process. Some people received personal care and others received companionship and domestic assistance. The service assesses, but not take on a person's care and support unless they are sure there is a 'care giver' (a staff member) who can match their specific needs and requirements. For example one person's family decided to wait until a staff member had been 'matched' and recruited to the service. The registered manager told us that they were always recruiting and that the recruitment process was designed to find staff who, "Really, genuinely want to care" and look after people."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person said, "She is good at her job," and "Yes they do. They are very good, very well trained." A family member told us, "The staff [my relative] has are absolutely amazing, they have excellent communication skills."

The management team (the registered manager and the director) and staff had completed a comprehensive training program to appropriately support the people using the service. The registered manager had undertaken 'train the trainer' courses in medicines administration and moving and handling in order to deliver face to face training internally. All staff including the management team had completed training in the ageing process, the safe care giver, the safe client, equality and diversity, Mental Capacity Act (MCA) and the care giver assessment and insight (learning and development) program. All staff had an individual competency assessment record and an individual mentoring record. A more experienced, senior staff member mentored new staff for twelve weeks.

Newly recruited staff received the service's mandatory Assessment and Insight training (induction) for three days, prior to being accepted for employment. This ensured they were suited to the role and the service's ethos. The training folder had examples of good quality writing in the daily care log and an example of how to correctly complete a body map. The service actively uses external sources for specific training, for example MCA training with Wiltshire Council.

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager).They receive two formal one to one meetings a year, two spot checks (support visits) four full staff meetings per year and regular informal guidance. Staff were complimentary about the training and support they had received, "100% support, they are always on the end of the phone," and "I have had lots of training and am looking at doing an NVQ."

The service sought people's consent. We observed consent forms in people's care plans, which covered the initial assessment, risk assessments reviews, quality assurance and auditing checks and recordings in client journals. These were either signed and dated by the person or their legal representative and we observed copies of Registered Lasting Powers of Attorney for Finance and Property and for Health and Welfare in place for people who lacked the capacity to make these decisions. One staff member told us that they

"always ask, ask permission."

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The training staff received included guidance in this area for example, 'consent is an on-going process rather than a one off action. It is important to offer the clients you support continuous opportunities to ask further questions and to review their decisions.' A staff member told us, "It's about them being able to make their own decisions, if they say No I would leave it for ten minutes or so and ask again, they may still say No, it's their choice." The staff we spoke with also understood that a person who lacked capacity would have a decision made for them in their best interests.

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. For example, the service works closely with local GP's, community nurses and care coordinators, one professional said they had, "Really positive experiences working jointly with[the service] to provide care for a very vulnerable family. The care giver was able to engage and gain trust, also bringing lightness and amusement to the family. The on-going care has increased and strengthened."

Good

Is the service caring?

Our findings

People told us the service was caring. Comments included, "Oh yes, very patient, very good service", "we get on very well" and "I am very happy with them." Relatives we spoke with were also complimentary about the standard of care "Caring, kind, compassionate" and "[staff member] is very caring, very patient. She has lots of hands-on experience" and "[my relative] has regular carers, good rapport with [my relative], very important too as he is on his own and lonely."

Staff were supported by the service to provide emotional support for people. The service uses their 'matching service' (people and staff are matched for compatibility), which is enabling for the person as well as the staff member. The staff we spoke with said it helped them to understand the person and to provide a more holistic service, some of the comments made were, "They like us to be matched with the person to make it work better for them," and "It's fantastic, we are matched from their life story and we can get to know them better" and "[The person] has that familiar face." As part of their training staff used cataract simulation glasses to learn how it feels to have a visual impairment. Staff were trained in the social model of disability and the ageing process and how this impacts physically and emotionally on people.

Staff are encouraged and trained to build relationships with people and their families, this includes being aware of their cultural and family traditions that are important to them, the training information stated, 'building and maintaining strong relationships with your clients will help you provide quality care based on trust and respect'. Staff spoke with us about positive relationships at the service. "I love the way it is I have time to get to know them and their real needs."

People and their relatives had been involved in the creation and reviews of their care plans. The registered manager told us that, "People are at the centre of the planning process and the service recognised that the client is best placed to understand their own needs and wants." People and their relatives had provided personal information in the 'past, present and future' section of the care plan, which included details about their life stories, their preferred ways of being cared for and likes and dislikes, for example "[my relative] likes to keep her handbag with her so she know it's safe." We observed care plans were reviewed with the person and their family.

People's dignity and privacy were respected. One person told us "[The staff member] covers me [when providing personal care]." A relative we spoke with told us their family member was "definitely treated with dignity and respect". Care plans were written respectfully and we heard kind and compassionate interaction during telephone conversations with people and their relatives. The service ensured people's care plans and other personal information was kept confidential.

People's information was stored securely at the office and in people's homes in a place of their choice. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential.

Good

Is the service responsive?

Our findings

People were assessed to ensure their support plans met their individual needs. Comments from relatives included, "[my relative] is really happy. The carers have to be flexible as she is changeable" and "I think she is kind, flexible, uses different approaches to accommodate my [relative's] needs, thinks outside the box." During the initial assessment the person's interests, hobbies and background are matched against a 'care giver'. They have an initial meeting before the support begins to ensure the person and the staff member, are both happy and feel they are well suited. People were given their weekly service schedule which showed times of visits and the staff member and what support they were expected to receive.

Care and support was detailed with the person's preferences, specific guidance for the staff member and outcomes for the person. For example, preferred meals and times of meals, dietary requirements, and how often the person likes to have a shower. The outcome was 'to maintain [the person's] routine as closely as possible.' Another example of direction given to staff was 'offer [the person] a choice of two things for breakfast. If you ask [the person] what [they] would like [they] may not be able to give you an answer.'

People's diverse needs were respected. For example one person was living with dementia and there was guidance in their care and support plan detailing how to manage their belief that their parents were alive and that they have a pet dog. The staff we spoke with told us they supported people as individuals, respecting their diversity, one staff member told us, "Everyone is different and we have talked about equality and diversity in the team." The service also offered assessments outside of office hours in the evenings and at weekends to fit in with people and their families' daily lives.

The service was responsive to people's changing needs. For example a relative told us, "[the staff member] stayed a bit longer, yesterday she stayed twenty minutes longer to get my [relative]changed." The service was also able to flexibly re-arrange visits if a person had an appointment to attend or if a person required a different level of support. A family member told us "[the service] make sure handover is quite accurate about my [relative's] needs. Constant reviews, as my [relative] has deteriorated as time progresses. Not sure how often the review, changing needs week by week."

Concerns and complaints were managed appropriately. For example one person wanted a specific staff member to support them but the staff member began to decline visits and then missed a visit after re-arranging it. The relative of this person felt let down and was unhappy and reported it to the registered manager, who made the decision that it should be recorded as a complaint and dealt with accordingly. The service had systems in place to record, investigate and resolve complaints, and people and staff knew how to raise a complaint. A person told us, "I would ring the office and have a chat with them." Staff also knew how to support people to make a complaint or make a complaint themselves. The details would be written in the client's journal and reported to the office, the staff member handbook had a summary of the complaints policy and procedure and the relevant contact details

People's opinions were sought and acted upon. The service conducted regular quality assurance checks. For example, following a new staff member's initial visit, their mentor will contact the person and their family for

feedback on the staff member's performance. This is repeated at regular intervals to gain peoples thoughts on how the service was delivered and how the relationship was developing.

During the inspection we observed that phones were answered promptly and the conversations were polite and helpful. The on call number was available at all times to people and to staff members and the office number defaults to this number so that there are no missed contact calls.

Where people approached the end of their life, the service worked with health care professionals and the person's family. The registered manager told us that they had identified a future need for overnight care for a person whose condition was deteriorating and a staff member was chosen to work with the family who would be available for overnight care when required. When contacted by the family, the service was able to provide overnight care within twenty four hour notice, ensuring the continuity of care.

Good

Is the service well-led?

Our findings

There was a registered manager 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. The registered manager worked closely with the director as part of a wider management team including, recruitment and operations leads.

People we spoke with knew the registered manager and the director and felt the service was well run. Comments included, "Yes, I do, I thinks it's very well managed", "Yes, I think it's very good indeed, no need for improvement." A relative told us, "We were given a lot of information and carers training details, induction, recruitment and how the organisation worked."

We spoke with the management team about their vision for the service. The ethos of the service was to provide person centred, high quality care. The director told us that she wants to help 'change the face of ageing' and bring this idea to the local community. This includes working in partnership with other agencies and signposting people to appropriate services. For example, they had recently assisted a person to request an Occupational Therapy referral for equipment to enable them to get into and out of bed independently. Both the director and the registered manager are dementia champions. At the time of our visit the director left for a couple of hours to deliver a dementia friends workshop to a community group. They had future dates booked with the Guides, Scouts and the Stonehenge visitors centre. A professional told us the local dementia friends workshops help people gain knowledge and stated, "What [the director] does really reflects on how she supports people using the service." The service was nominated by Wiltshire Council for 'Tidworth Community Award for Services in Dementia' 2017.

Staff told us they had confidence in the service and felt it was well managed. Comments from staff members included, "It's the best place to work for," "The whole staff team are brilliant" and "it works well, I am lucky that I have [family members] working in other services to compare it to." Staff felt supported to manage their work life balance and their sense of well-being. A staff member told us, "The [managers] are really approachable, they are always on the end of the phone" and "I am from a military family and my neighbour also works for [the service] and we share child care and our work rota, they are very supportive of military families, our time is filled well."

The service had signed up to the Armed Forces Covenant, which states 'we recognise the value Serving Personnel, both Regular and Reservists , Veterans and military families contribute to our business and our country.' Part of the covenant is to guarantee interviews for Service Personnel. The director stated that "[they] are proud of the diversity in [their] recruitment processes." The service was nominated as a finalist in the MacDonald's award for Service Leaver Franchisee of the Year 2018 award.

The management team feel very well supported by the Home Instead National Office. They provide a quality support team and a business development team who help and advise the office staff and also undertake support visits and audits to ensure they are compliant with the standards they set in all areas.

This included examining all aspects of training, care plans, staff files, data protection and office processes. This leadership is reflected in the support offered to the services staff members. The director told us, "Our role is to support [the staff members] to be able to support the client." The management team are 'back -up' staff and have supported a person, between them for a year when a permanent staff member was not available. The staff are recognised through awards for outstanding values and/or performance and these achievements re celebrated at staff meetings and through the services electronic messaging app.

The service had a positive culture that was open and honest. The office had a suggestions box to gain feedback from staff and visitors. At staff meetings anonymous, honest, feedback is sought. Ideas, suggestions and feedback from staff informed changes, for example full staff meetings were increased from two annually to four in response to comments made by staff. One suggestion was communication improvement. The telephones were not always answered promptly and this led to their on call procedures being tightened up. The system is closely monitored and recent feedback from staff had confirmed that it has improved. The staff mentoring system and competency checks received positive feedback from staff who saw this as support for their development. People and relatives are asked to complete feedback questionnaires at the start of the service, at four weeks, three months, at the whole service six month review, nine months and the annual review. Examples of comments are '[person and relative] are very happy with the service they are receiving, [the person] loves [the staff member], she couldn't praise her enough.' [a relative] stated [the service] does more than expected and would definitely recommend the service to a friend.

There were systems in place to monitor, record and investigate accidents and incidents. Staff we spoke with were aware of the process to immediately contact the office, call the emergency services if appropriate, and use the on call system if the incident happened outside of office hours. The process included completing a report with a statement and an investigation undertaken by the registered manager. None had been reported at the time of our inspection.

The registered manager monitored the quality of service provided. Regular spot checks are undertaken which are referred to as a 'care giver support visit'. We observed audits of daily care logs, medicines administration records and care plans. The twelve week mentoring system for new staff meant that staff competencies were monitored closely and any areas identified for further training. Staff had individual competency and mentoring records.

The service worked in partnership with health professionals. A professional who worked jointly with the director to provide care for a vulnerable family described it as a, "Really positive experience, the care giver was able to engage and gain trust, also bringing lightness and amusement to the family. The on-going care has increased and strengthened." Other comments included, "[The director] is very creative and brings ideas and solutions to a problem. She took time to support a family to remain independent, finding ways more suitable to their needs by giving them options of care" and "I would recommend them to anyone in the local area."