In Home Care Limited

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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

The inspection took place on 25 April 2018 and was announced, this was to ensure staff we needed to speak with were available. This was the first inspection due to the service being new so we could not gather any information from past reports.

In Home Care Limited is a domiciliary care agency; it provides personal care to people living in their own houses and flats. It provides a service to older and younger adults who may be living with a physical disability, a mental health condition, a learning disability or people living with dementia. At the time of the inspection, 46 people were using the service.

The service had a registered manager. 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.

There were policies and procedures in place to protect people from risks to their safety and welfare; this included the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely and where there were any short falls these were covered internally.

The provider had an effective recruitment process to make sure the staff they employed were suitable to work in a care setting.

Risks to people were assessed and action was taken to minimise any avoidable harm to people. Staff were trained to support people with an array of health care needs, in line with recognised best practice.

Where people required support to help them manage their medicines, this was done so safely and staff were well trained in medicine management.

People were protected from the risk of infection as staff underwent training and followed the guidance provided.

There were procedures in place so that staff could raise any concerns with regard to safety incidents, concerns and near misses, and how to report them internally and externally, where required. The registered manager analysed incidents and accidents to minimise the risk of similar incidents happening in the future.

People's needs had been assessed and they had a written care plan to meet their identified needs.

People were supported by staff who had the required skills and training to meet their needs. Where required, staff completed additional training to meet individual's needs. There were no people at the time of inspection that required support with food or fluid intake.

The registered manager involved a range of external health and social care professionals in the care of people, such as: community nurses, social workers and GPs to enable them to be supported to live healthier lives.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service did not currently support any individuals who required assessments under the MCA.

People experienced consistency of care from staff who were kind and compassionate. People we spoke with told us the staff were very caring and kind. People told us they were involved in making decisions about their care and that their wishes were respected. Staff ensured people's privacy and dignity was upheld at all times.

The service was responsive and involved people in developing their care plans which were detailed and personalised to ensure their individual preferences were known. People's care plans had information about people's care needs, as well as their wishes regarding independence and any risks identified and how to minimise these. If a person's needs changed then their care plans were updated.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well managed and well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The safety and quality of the support people received was effectively monitored and any identified shortfalls were acted upon to drive improvement of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely.

People were protected from harm and staff received training to be able to identify and report abuse.

There were sufficient staff to meet peoples' needs. Staff pre-employment checks had been completed.

The provider had assessed and effectively managed risks to people's safety and wellbeing.

Is the service effective?

Good

The service was effective.

People received comprehensive assessments and care plans were created from this to ensure care was individualised and person centred.

Staff received comprehensive training and ongoing support in their role.

People had access to healthcare services as required.

Staff worked in partnership with other services to help ensure people received effective care.

Staff respected people's legal rights and freedoms.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and were caring and attentive.

People were involved in making decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and preferences.

People's complaints and concerns were investigated and dealt with thoroughly.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture that was open inclusive and empowering that achieved good outcomes for people.

People were supported by a service that used quality assurance processes to effectively improve the service people received.

Incidents were used as learning opportunities to drive improvements within the service.

In Home Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of two inspectors 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

We spoke with 23 people by telephone. We spoke with four care staff, the registered manager, deputy manager and the trainer. We reviewed six people's care records, which included their assessments, care plans and risk assessments. We looked at six staff recruitment files, supervision logs and training plans.

We examined the provider's records, which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged. We also looked at the provider's policies, procedures and other records relating to the management of the service, such as staff rotas, health and safety audits, medicine management audits, and minutes of staff meetings. We considered how people, relatives and staff members comments were used to drive improvements in the service.

Good

Is the service safe?

Our findings

Relatives, staff and people told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep people safe. One person told us "Excellent, they are very good at caring and I feel very safe, the staff are consistent and they know what they are doing." One relative told us "I think [loved one] is very safe indeed, if we have a new carer I inform them of what they need to know and how to look after [loved one] properly, they have usually been informed by the company." "They are all perfectly aware of my [loved one's] issues."

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, what to look out for and how to report concerns if they had any. None of the staff we spoke with had seen anything, which caused them concern, but they were confident any concerns would be handled effectively and promptly by the registered manager. Staff had regular refresher training for safeguarding to keep them up to date with any changes in legislation.

We discussed safeguarding concerns with the registered manager. There had not been any safeguarding concerns, the registered manager showed us their safeguarding policy and discussed the process that would take place should there be a safeguarding concern. This was to report to and liaise with the local safeguarding authority and notify us as required by the regulations. Suitable procedures and policies were in place for staff's to reference. All staff that we spoke with were aware of the whistleblowing policy, the importance of raising any concerns about people's safety, and the legal protections in place for whistle blowers.

Risks to people had been assessed, in relation to areas such as: falls, pressure areas, moving and handling and the environment for example. Details of how to minimise these risks were recorded in people's care plans. Relevant information such as whether people had a key safe was recorded for staff's information.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. There was no use of agency staff, if required staff worked extra hours or shifts to cover any sickness or holidays. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

The provider had systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Staff were sufficiently trained and regularly assessed for their competency of administering medication.

We looked at the Medicines Administration Records (MAR) for people who required assistance with taking their medicines, and were available in people's care files. These contained relevant information, such as if the person had allergies or preferred to take their medicines in a particular way. We noted that where there were gaps in these records that staff had been retrained in medicines and checks had been carried out

following training to assess their continued competency.

We noted all staff received training in managing infection control in line with the provider's infection control policy. The staff we spoke with were aware of their responsibilities with regards to this and the importance of it. Staff had access to appropriate personal protective equipment (PPE). This included gloves, aprons, and hand gel. Staff advised PPE was provided by the provider and easily accessible from the office when more was required. One person told us "They have very good hygiene practice, they wear proper gloves and aprons."

The provider had arrangements in place to learn and make improvements if things went wrong. Staff reported and recorded accidents and incidents so that they could be analysed for any trends and patterns. Where there were lessons to learn, the provider used staff meetings and supervisions to communicate them across the team.

Good

Is the service effective?

Our findings

People told us that they received care and support that met their needs and that choices were given to them about the care they received. One person told us, "I just cannot complain about In Home Care, I have never had a carer who can't cope with the work, they are all so understanding, very thorough, sociable and caring." One relative told us, "We were fully included in my wife's care plan in the beginning and this plan has been reviewed with us recently and now includes agreed changes to my wife's mobility needs."

Assessments were carried out prior to people commencing care. The person's needs were identified with their input and a person centred care plan created, which was reviewed and updated regularly. Care plans included information on any healthcare concerns, nutrition and hydration requirements, risk assessments for example, regarding manual handling, these stated the number of staff required for assisting people when receiving help to shower. Care plans also contained information regarding people's medicines.

New staff undertook an intensive induction programme, this was delivered by a newly appointed trainer. The training consisted partly of setting up 'real life scenarios' in a 'home like' setting using role play to enhance the experience. The training was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff's competence was assessed regularly and discussed in regular supervisions.

The trainer ran a comprehensive training programme for all staff and kept an electronic schedule to keep track of when training was last undertaken and when refresher training was next due. This ensured that people were supported by staff who were competent and therefore able to provide safe and effective care. The home had its own training centre and most training was delivered internally by the trainer. There was some external training delivered. The provider had introduced 'champions' so staff had some responsibility in certain areas such as medicines. The provider had also introduced different levels of medicine training which were evidenced with colour coded badges.

In Home Care Ltd were not supporting people with eating and drinking at the time of inspection, as no-one required this care, however, people if required could have food/fluid charts on their care plans. The registered manager confirmed that if they were concerned regarding a person's eating or drinking that they would liaise with the GP regarding this.

The registered manager involved a range of external health and social care professionals in the care of people, such as: community nurses, social workers and GPs. Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. People benefited from staff having good working relationships with external agencies to co-ordinate their 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 were asked to sign their consent to the care provided, which records confirmed. The registered manager told us all of the people they provided care for either had the capacity to consent to their care. Therefore, they had not needed to assess anybody's capacity to consent to the delivery of their care.

Good

Is the service caring?

Our findings

People we spoke to told us the staff were very caring and kind and they felt well cared for. One person told us "They actually care, even though there are so many different carers they are all very good." One relative told us "They understand mum very well, they know what she needs, they never need prompting."

The manager told us they had a staff team they found to be caring and compassionate. They said, "The team are great, they really care and help each other out to ensure the people they work with get the best care possible and no one has missed visits if there is staff sickness. They go the extra mile." Staff told us they had enough time with people. One staff member told us "Don't think of it as work, I think of it as helping someone, I enjoy what I do."

People had consistency of staff where possible so they could build a professional relationship and trust with them. Where there was a change in staff, there was a period of time when the new care worker went out with the current care worker to make the transition less disruptive. People received calls from their care worker or the office to let them know if there was going to be a delay in their call.

Staff told us about people in a way that showed care and compassion. One member of staff told us "I really enjoy the work, I can't help getting attached to people." One person told us "I just cannot complain about In Home Care, I have never had a carer who can't cope with the work, they are all so understanding, very thorough, sociable and caring."

People and relatives told us they were involved in their care planning, and had their independence and wishes respected in the process. There was evidence of this in people's care records. Where staff noticed people's needs or preferences had changed, this was fed back to the registered manager, who made the necessary changes in the care plan. One relative told us "We were fully included in my [loved one's] care plan in the beginning and this plan has been reviewed with us recently and now includes agreed changes to my [loved one's] mobility needs."

People told us they felt they were treated with dignity and respect. One person told us "The company respected our request to have only female carers, and that's all we get." People and relatives told us they were encouraged to maintain independence as much as possible, One person told us, "They have enabled me to return home from hospital and maintain my independence." Another person told us, "They take me out for a walk sometimes, they are very good to me." "One relative told us "The care staff do respect [loved one], and they encourage [loved one] to do the things that she can do for herself."

Good

Is the service responsive?

Our findings

People told us they received care and support that was responsive and met their needs and their preferences. One person said, "Three weeks ago the carer noticed that I was not well, she contacted the office and by the evening I had been admitted to hospital, I was quite poorly" and
"They are very responsive and very caring, she certainly noticed I had a problem."

Staff told us how they delivered care that met people's changing needs or circumstances. One staff member told us, "I would call a doctor, other professional, a family member or other medical services if I felt it was needed, I would also report to the office so if I was running late they would get my next visit covered by someone else." The registered manager told us of an incident where a staff member had needed to call an ambulance after calling on a person to find they were unwell. The staff member had called the registered manager and family after the phone call to request an ambulance.

People were involved in the planning of their care. Everyone we spoke with confirmed this. Where appropriate people's family were also involved. One person told us, "The manager reviewed my care plan recently, we made some changes to it and I was fully involved in the agreement of the plan." One person told us "I have a care plan, I know what's in it and it was reviewed recently."

People's care plans were reviewed regularly, or if their needs changed more often. People's care plans had information about people's care needs, as well as their wishes regarding independence and any risks identified and how to minimise these. The registered manager told us, "The carers are aware of the people's needs and if they feel their care plan needs updating before the review then they call me and I will review it." The registered manager had a good relationship with people and their families. She told us, "They know they can call me with any questions regarding their loved one's care and I will do all I can to help."

People and their families were aware of how to complain if they needed to. The registered manager told us they went through the complaints procedure when they met people and their families who were new to the service. She said, "I make sure they know they can call me or the office at any time if they are not happy with their care in any way." People confirmed this was the case. They told us they found the service to be responsive in the way they received complaints and acted to resolve them. One person told us, "I have never made a real complaint, but one time they were sending too many different staff, I spoke to the office about this and they put this right straight away." One person told us about making a complaint regarding one staff member, they requested a change of carer and this was actioned.

The provider had a logging system for formal complaints; these were kept in a folder along with evidence on how the complaint had been dealt with. Complaints had been dealt with efficiently, in line with the provider's procedure, and to the complainant's satisfaction.

None of the people using the service at the time of our inspection were receiving end of life care, we therefore did not inspect this area.

Good

Is the service well-led?

Our findings

Staff and people we spoke with were all positive about the management of the service. They described the registered manager as being supportive and approachable. One staff member when asked if they felt the home was well led told us, "Yes, the doors always open if I need additional support, they are very good like that."

There was a clear vision to provide a high standard of care and support based on the aims and objectives of the service which were to provide; a bespoke, caring and professional service that understood the needs of the person and their family within their own environment to achieve optimum health and wellbeing. When we spoke with staff it was evident they worked within the provider's aims and objectives.

There was a strong governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by a strong team, which included a deputy manager, trainer, administrator and care staff.

The registered manager fostered a culture where they cared and valued staff. This was evident when we were told some examples of staff incentives that had been offered including travel expenses, block shifts for people who lived away from the local area, double pay at Christmas and a carer of the month award with a prize for the winner.

There was an effective system of quality assurance in place; this included regular audits. Topics covered were infection control, medicines management, support plans, and observations and spot checks on staff to assess continued competency. The registered manager also completed reports to consolidate this information, which fed into a business continuity plan to capture and monitor improvements and the progress.

The provider valued people's feedback regarding their experience of the care provided. Questionnaires were sent to people using the service and their families, the registered manager also carried out management welfare checks. This is where the manager would call people and their families and ask a number of questions such as "do you have any concerns you wish to discuss" and "is there any way in which we can improve our service for you." This enabled people and their families to express their views as to any changes that could be made to the service.

Staff meetings and supervisions allowed staff members to raise any ideas or concerns. This meant they could express their views on the service and to be informed of updates. Staff were given 'carer questionnaires' to gain feedback. The questionnaires explored questions such as 'do you feel supported by the office' and 'are you happy with the clients you care for'. This enabled the registered manager to gain further feedback from staff with regards to improving the support for them.

Measures were in place to monitor incidents people experienced and to ensure appropriate actions had been taken for people. The registered manager analysed any incidents that occurred, identified the cause

and made a person centred plan to avoid re-occurrence. Records showed that there had not been any incidents or accidents regarding people, but there had been an incident where there was a breach of data protection, this was dealt with by the registered manager in a timely and appropriately.