

# Brighton and Hove Care At Home Limited

## Home Instead Senior Care - Brighton, Hove and Shoreham office

### Inspection report

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Date of inspection visit:  
12 November 2019

Date of publication:  
17 December 2019

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Home Instead Senior Care - Brighton, Hove and Shoreham, referred to as Home Instead in this report, is a domiciliary care agency registered to provide personal care to people living in their own homes. The service operates in Brighton and surrounding areas. Home Instead provides personal care to younger adults and older people including people living with dementia. On the day of the inspection 110 people were supported by the service out of whom 38 people received regulated activity of personal care.

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

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

People told us that staff were 'excellent'. Staff had an excellent rapport with people and in-depth appreciation of people's needs this included their likes, dislikes, preferences and wishes. Staff were very responsive to people's care and support needs and provided care to people in a way that considered their life history and interests. Staff had an appreciation of people's abilities and encouraged people to participate in social events and outings so people could be an active part of the local community. People and relatives knew how to make a complaint if they needed to and felt confident it would be appropriately addressed. The management team saw complaints as way to improve the service further. The service remained caring and people and their relatives told us they were treated with the utmost respect. People were encouraged to live as dignified and as independently as possible. People's confidentiality was respected and people's details were kept secure.

People continued to be supported safely. Staff were aware of the safety and well-being of people who used the service and kept people safe from avoidable harm. Safe recruitment processes were in place to ensure suitable staff were employed. Medicines were administered safely.

People's needs were assessed before their care commenced. Staff had the right skills and knowledge to carry out their roles effectively and were well-supported by the registered manager with supervisions and appraisals. The service supported people to manage their health conditions and maintain their wellbeing including good nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service remained well-led. People, relatives and staff spoke highly of the registered manager. Staff felt very well supported by the registered manager who was approachable and available for support and

guidance. Effective quality assurance systems had been established to monitor the quality of the service being delivered. The culture at the service put people at the heart of the service delivery, and the team demonstrated a strong person-centred ethos.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published 28 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Home Instead Senior Care - Brighton, Hove and Shoreham office

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

This inspection was carried out by two inspectors.

### Service and service type

Home Instead Senior Care - Brighton, Hove and Shoreham constitute a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There was 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'. 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

This inspection was announced and took place on 12 November 2019. We gave the provider 48 hours' notice of the inspection visit because we needed to be sure the management team would be in the office.

What we did before the inspection Before the inspection we reviewed the information we held about the service and the service provider. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about

the service, what the service does well and what improvements they plan to make. However, they voluntarily provided us with the provider information return. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people receiving the service and information we held in our database about the service and provider. We used all this information to plan our inspection.

#### During the inspection

We looked at records which included care records for five people. We checked recruitment, training and supervision records for four staff members. We looked at a range of records relating to how the service was managed. We contacted eight people using the service. We also spoke with the registered manager and contacted four members of staff. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All people with no exception told us they felt safe while being supported by staff.
- Staff had training that enabled them to identify abuse and the action to take if it was encountered. Staff were aware of how to raise a safeguarding alert and when this was necessary. A member of staff told us, "If I had any (safeguarding) concerns, I'd go the office and report".
- The service had systems in place to investigate and report concerns to appropriate authorities.

Assessing risk, safety monitoring and management

- People's records included assessments of risks associated with people's care. Risks assessments included information and guidance for staff which enabled them to provide safe care that met people's needs.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People and their relatives told us staff supported them in a timely manner and praised continuity of care they had. One person said, "They're very reliable and punctual. They would let me know if any changes to the visit".
- The service used a mobile phone application which enabled staff visited people on time and to ensured staff's safety. The management team monitored the staff's login in real time and the system would flag up any discrepancies.
- People were protected against the employment of unsuitable staff because safe recruitment procedures were followed.

Using medicines safely

- Medicines were managed safely. People who required support with their medicines received them as prescribed.
- Staff received training and support on how to support people with administering their medicines.
- The provider had effective systems in place to monitor how medicines were managed within the service; this included monitoring of records and carrying out spot checks of care visits.

Preventing and controlling infection

- People were protected from the risk of infection. The service had policies and procedures in place to minimise the risks of infection spreading.
- People and their relatives told us that staff maintained a high standard of hygiene while supporting people with their personal care and toileting needs. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- Records showed that when incidents and accidents happened, analysis took place to reduce the risk of recurrence.
- We saw from records that the service had dealt appropriately with a concern and put measures in place to reduce the risk of recurrence.



# Is the service effective?

## Our findings

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

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

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

- People's physical, emotional and social needs were comprehensively assessed and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance.
- People's assessment considered any characteristics as described by the Equality Act. This meant the service applied non-discriminatory practices to ensure people had equal access to a good quality of care irrespective of their age, disability, race or religion.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to fulfil the responsibilities of their role. They had access to a variety of training to support them deliver effective care to people. Where required, staff were provided with specialist training such as administering eye drops, ear drops or stoma care. A member of staff told us, "The training has given me the confidence to do my job."
- New staff were required to undertake an induction period which included shadowing experienced colleagues and familiarise themselves with the service's policies and people's needs. New staff were also required to complete mandatory training and undertake the care certificate which is a set of national standards that health and social care workers adhere to in their daily working life.
- Staff received regular supervision and observation sessions, and this helped the management team to monitor and improve the care practice.

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

- People's needs in regard to food preparation, eating and drinking were assessed if this was part of the required care. People's preferences concerning food and drinks were recorded. People had support mainly around food preparation. One person said, "They prepare me a sandwich for lunch time".
- People and their relatives also told us that if people did not want to prepare their own meals or were physically unable to do it, staff members would prepare meals for them. People told us they were always offered food that they liked and were given choices.

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

- Advice provided by healthcare professionals was incorporated into people's care plans, which meant staff were providing care meeting people's health needs.
- People were supported to maintain their health and wellbeing. Staff supported people with health monitoring and referred them to health professionals when required.
- Care records included details of people's GPs and other relevant health professionals involved in people's

care. These also included details of people's medical history and guidance on how staff were supposed to support people to manage their health.

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection the service did not support anyone deprived of their liberty.
- Staff had good knowledge of the MCA and its requirements. They sought people's consent before they provided care and support. They also supported people to make decisions independently. A staff member said, "I know I am not going force anything on people and always listen to 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and relatives, without any exception, gave us positive feedback about the excellent care people received. They told us the staff were exceptionally kind, caring, compassionate and helpful. As people said, staff went the extra mile which had made all the difference to them, including being able to remain living at home.
- Staff were committed to treating everyone in the same way and supporting people of all faiths and beliefs. The provider was committed to ensuring people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff clear guidance.
- People's religious and cultural needs were included in care records alongside other protected characteristics such as age and disability. Staff received training on equality, diversity and human rights.
- Some staff developed special relationship with people. They went the extra mile visiting people in hospital in their own time. When visiting people in hospital staff tried to accommodate their needs so they felt as comfortable as possible in the hospital environment. For example, they provided people with newspapers and magazines to occupy their time, they brought people their favourite books and reading glasses and they brought some straws to make drinking easier for them."
- Staff took time to know people well. For example, they researched people's favourite music to sing it together which allowed them to build unique relationships with people.
- Some staff assisted people with shopping in their own time. For example, one person was distressed as they forgotten to send a gift to their relative. Staff bought the gift in their own time and posted this to the relative of the person. The person was delighted to receive a photo of their relative with a gift that posted to them

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

- People and their relatives confirmed that they were fully involved in decisions about their care and daily support. One person said, "They're very understanding. We chat, we discuss everything under the sun."
- The provider had systems in place that ensured any information would be provided to people in a format accessible to them. For example, care plans would be available in large print or in foreign languages if needed. Staff told us they explained procedures to people to help them make informed decisions.
- Staff used different methods to communicate with people. For example, staff developed a set of flash cards to help to communicate with a person who was recovering from stroke and would find it difficult to communicate verbally.

- People and, where appropriate, their relatives were involved in regular reviews of people's needs to ensure the support and care people received was meeting their preferences and decisions.

#### Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their privacy and dignity which they valued. One person told us, "They always respect my dignity, they only do what's needed."
- People were encouraged to retain and promote their independence. People were supported to carry out some of their own personal hygiene and maintain their mobility.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private. One person said, "I know my confidentiality is safe with them (staff)."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People told us the staff regularly went extra mile to ensure people's needs were met. For example, one person's relative fell on their outside step when returning with shopping and sustained an injury, staff immediately called the ambulance and made the person comfortable, while a senior member of staff immediately joined to attend to help to manage the situation. The registered manager recognized the person would not be safe on their own and immediately arranged an overnight support for the person for a few nights, while the person's relatives remained in hospital. This meant staff went beyond their usual duties to ensure the person's needs were met as well as the ensuring the peace of mind for the person's relative.
- The management created an innovative approach that ensured people were supported to eat well and enjoy the food they preferred. This was enabled by introducing the minimum an hour-long visit aimed at supporting people with their nutritional preferences. Staff ensured the people were fully involved and these visits aided their well-being. For example, a member of staff brought ingredients for pancakes to one person's home and encouraged them to enjoy the breakfast having made the pancakes. In another example, staff took their own food along to eat with people when people ate their meal, so as not to make them feel lonely or self-conscious. As a result of this personalised approach people successfully regained their target weight.
- We had further numerous examples of when the staff explored people's likes and life histories to ensure the support they had was personalised and tailored for them. One person was living with dementia and staff worked to sustain their memory as long as possible. The staff explored the person's history and found person's family used to run an ice-cream parlour in the city. Staff made sure the person had always had ice cream available in their freezer for dessert. It was not only an enjoyable treat for the person, an incentive to eat well but also a conversation starting point and a reminiscence tool. The staff also found old photos of the old ice cream parlour on the internet and spent time reminiscing with the person. The service supported a couple people for whom a freshly prepared main meal at lunchtime was a vital part of their routine and meant a good quality of life. The registered manager worked to secure a two-hour long visit which incorporated staff getting the menu request for the day from the couple, going shopping for fresh ingredients, then preparing, cooking, serving and clearing away the meal. This meant people were able to continue to enjoy living their lives enjoying freshly prepared meal as they used to in the past.
- There was plenty of emphasis on reducing the social isolation and staff worked extremely well to create opportunities for people to be an active part of the community. For example, one person who experienced limited mobility expressed their wish to have outings twice per week. A member of staff sought a specialist safety handles to aid safe transfer for the person into and out of their car. This meant the person's wish to go out was fulfilled and staff ensured the person's well-being was not compromised. Another person wished to

attend a singing group's meetings and a member of staff in their own time, visited the venue the day before the person's first visit to check the car park, access, route into the building to make sure the person's safety on the day was maintained. This showed staff's commitment and willingness to support people to attend events they would not be able to do so independently.

- The team went regularly over and above of their usual duties to help people. For example, staff arranged carpet cleaners for people, found out how to clean the washing machine's filter to improve the washing quality and helped to do it, and arranged the cleaning of one person's balcony. They also helped a person to move their flat. They helped a person with a trip to the airport and ensured they were checked in for the correct flight and safely handed over to the assistance team at the airport, and also collected the person on their return. A member of staff accompanied another person to a medical appointment in London and assisted the person to make a complaint when the person's appointment was cancelled with no notice. This meant the person received the refund of their travel costs.
- In another example the service provided a person with a fan heater when the person's heating broke down. They managed to do this with a short notice regardless the late time of the day. The service also regularly organised specific shopping in addition to regular visits to support people whose families were not local or unable to organise this themselves.
- The service went extra mile to support people and their families. When one person's relative became unwell and the person had unexpected expenses the service provided the person with cash adding this to the person's invoice
- The registered manager ensured they matched staff with people so they shared same interests or hobbies. For example, one person was re-introduced to art classes by staff joining in with the class along with the person. People's comments reflected staff they had were a perfect match and reflected people were highly satisfied. Comments from people included, "I don't think we'd managed without them now", "I am extremely happy" and "There're really interested in you as a person and that's nice".

#### Meeting people's communication needs

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

- Staff knew people well and supported them to communicate their views and wishes. People's care plans described the equipment and aids each person used and how to communicate effectively.
- Care plans identified recorded and flagged any communication needs such as poor eyesight or hearing loss as required by the Accessible Information Standard. One person who was living with a sight impairment told us how they worked together with staff to ensure their needs were met. They said, "I am registered blind and we found a way with the carers that they always put stuff where I can find it, so I can manage. I've got my own magnifier and I adjust it to read what I need, so this is not a problem."

#### Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. There were no complaints recorded for the last year. One person told us, "I never had a reason to make any complaints."
- People knew how to make a complaint and were confident that they would be listened to. The registered manager saw complaints as a way to improve the service. The registered manager was known to people and people said they would not hesitate to raise anything with them. One person said, "I met [registered manager's name], the boss before. They do check with me every so occasionally if I am happy with everything."
- There were numerous compliments received by the service since our last inspection. The feedback received via an external website was also exemplary. People's relatives described care using words such as

'delightful', 'extremely thoughtful' and 'superb'. People's relatives said they were 'extremely likely' to recommend this service to others.

#### End of life care and support

- No people received end of life care at the time of our inspection. The registered manager said the team would work alongside other health professionals if palliative care was needed to ensure people had pain free and dignified death.
- Staff were committed to ensuring people's advanced wishes were respected and these were outlined in people's care plans.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they knew the registered manager very well and spoke highly of them. People told us they could always contact the office when they needed to. One person told us, "When we first started one of the office staff came in and introduced to us. They said to let her know if we had any problems, but we never had any."
- The service had a transparent and empowering culture which supported the provision of a good standard of care to people. The registered manager was available to people who used the service.
- Staff felt valued and supported in their role. They had access to regular supervision and appraisals. A member of staff told us, "I know the support is there if I need it."

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

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The management team carried out spot checks at people's homes to check the service given met the standards expected by the registered provider and met people's needs.
- Effective quality assurance checks were carried out by the registered manager. These included checks on people's medicines records, care plans and monitoring of the care being delivered. Any issues identified in the audits were acted upon and shared to the staff team.
- Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the registered manager and provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service carried out a survey of people, their representatives and staff. We saw feedback had been positive with no concerns raised.



- Staff told us there was good team work, they felt involved and were encouraged to attend team meetings.
- There was a nice warm and welcoming atmosphere at the office used by the service. People told us they felt confident coming into or calling the office for any reason.

#### Working in partnership with others

- The service worked collaboratively with other professionals such as social workers and health professionals to ensure the care people received consistently met people's needs.
- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies, people responsible and partners involved.
- The service was actively involved in the "Older People: care and self-funding experiences" research being carried out by Brighton University with the service registered manager participating in quarterly "knowledge exchange" workshops, as well as providing contact details for potential participants from their people and staff base.