

MSW Home Help Ltd

# Home Instead Senior Care

## 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 service is a domiciliary care agency. It provides personal care for up to 40 people living in their own houses and flats. It provides a service to older adults.

Not everyone who used the service received personal care. 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:

Staff understood their responsibilities to keep people safe from harm, and people felt safe when receiving support. Enough staff were available to meet people's needs, and people's medicines were managed safely. Staff had the knowledge, skills and time to care for people in a safe and consistent manner. Robust recruitment and selection process' were in place.

Staff were trained and supported people in a personalised and effective way. Staff sought people's consent before giving care and support. 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.

People were encouraged to live as full a life as possible and achieve the best possible outcomes that included understanding, control, choice and independence. Staff had formed positive relationships with the people they supported and looked for ways to make them feel valued.

Staff knew people well and used this knowledge to care for them and support them to achieve their goals. Staff were considerate of people's feelings and treated people with the utmost respect and dignity.

People spoke positively about staff and said they were treated with dignity and respect. Staff continued to work at people's pace and supported them to maintain their independence for as long as possible.

Staff had a good understanding of people's needs and provided person centred care which put people at the heart of the service. They continued to find ways of supporting people to have a good quality of life. People told us the service was flexible and based on their personal wishes and preferences. Where there were changes in people's needs, these were addressed quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued, and people felt that they could raise issues in the knowledge that they would be listened to and swift action would be taken.

Staff understood the importance of supporting people to live life to the full whilst they were fit and able to do so. They also understood that supporting people at the end of their life was equally important. End of life

care plans included people's wishes to ensure their passing was as comfortable, and as peaceful as possible.

People benefitted from a service that had a dedicated registered manager whose experience and qualifications were used to support people to lead full and meaningful lives. People's views were sought out and acted upon. Robust quality assurance processes were in place to ensure the safety, high quality, and effectiveness of the service.

People had confidence in the management of the service which worked effectively to ensure people's needs were met. The management promoted strong values which were embedded in the service. Robust systems were in place to seek the views of people who used the service and check the quality of the service. Spot checks, care planning review meetings and audits were carried out on a regular basis.

The management team and staff continued to find ways to improve the service and remain driven by their passion for caring for people, including those with dementia.

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 (and update) – The last rating for this service was Good (29 March 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Home Instead Senior Care

## Detailed findings

### Background to this inspection

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

**Inspection team:** This inspection was carried out by one Inspector and one 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.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

**What we did:** We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

**During the inspection:** We spoke with six people who used the service and two relatives about their experience of the care provided. We also spoke with six members of staff including the provider, and the registered manager.

We also reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I do feel safe with the staff in the house. The staff who come are regular, and I have a good relationship with them."
- Staff had a good understanding of what abuse was and were able to describe how they supported people to keep safe. They had completed the relevant training in safeguarding. One staff member explained, "The safeguarding training I had was very informative. If I had any concerns I would report it to the office. They would do something, but if they didn't I would go to the local authority or the CQC."

Assessing risk, safety monitoring and management

- Systems were in place to promote people's safety. For example, assessments were carried out before care started to be delivered to people and looked at a range of areas.
- Detailed risk assessments were carried out which identified risks to people's safety and wellbeing and provided clear guidance for staff. Risk assessments included information about what action should be taken to minimise the chance of harm occurring.
- When people need had changed staff were kept update. One staff member said, "We have an app on our phone which has all the care plans and risk assessments. We have a pin number to keep information secure. We get a notification if anything has changed."
- The registered manager documented any accidents or incidents relating to people and actions to reduce the chance of any reoccurrence were recorded. Referrals were made to health professionals if this was needed, such as the falls prevention team.

Staffing and recruitment

- People said they were supported by consistent staff, and they arrived on time. No one had experienced a missed visit. One person said, "The staff never let me down, now and again the staff are late, but it isn't often." Another person said, "The staff stop the full time and will chat to me."
- Staff told us they had enough time to spend with people. One staff member said, "We have the same people and get an hour with all of them which is nice. We have plenty of time."
- The registered manager considered people's and staff interests and hobbies. They use this information to match people together.
- Interviews focused on the personal qualities a prospective employee could bring to the role. Their personal qualities, hobbies and interests were considered, so that they could support people who had similar interests.
- Checks were carried out to ensure the safe recruitment of suitable staff. The registered manager had undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work to ensure they were not prohibited from working with people who use a health and social care service.
- The registered manager used a colour coded approach to ensure that staff supported people as close to

the area they lived in, this was linked to staff training, to ensure that skill mix and locality was considered as part of the rota.

#### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration, and disposal of medicines.
- Medication Administration Records (MARs) had been completed correctly with no unexplained gaps. The registered manager carried out an audit when these had been returned to the office.
- Staff had been trained in administering medicines. The registered manager continued to check their competence to ensure staff were administering people's medicine correctly.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had been given infection control training and the registered provider supplied staff with personal protective equipment (PPE) such as, disposable gloves and aprons.

#### Learning lessons when things go wrong

- Regular team meetings were held which considered how practice could improve when things had gone wrong.

# 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 as good. At this inspection this key question has now 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

- Care plans explored people's needs which focused on outcomes for people. For example, personal interests, backgrounds, hobbies, likes and dislikes, religious and cultural needs had been explored in detail.
- Before people's care commenced, people said they had been fully consulted when an assessment of their needs had been carried out.

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

- People were supported from the risks of poor nutrition and dehydration in a safe and effective way. Trained staff supported people to have meals of their choice, in line with their assessed needs. One relative said, "The staff support [Name] with breakfast. It is their choice what they have."
- Care plans had detailed information about how to support people to eat and drink safely.
- Staff were aware of people's specific dietary requirements and any associated risks and could tell us how they supported this to ensure the person had a diet that met their needs.

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

- Where necessary, staff worked with health and social care professionals to promote people's health and wellbeing.
- Information that emergency services may need to know, had been considered and was retained within people's care plans.
- Staff observed and recorded how people were each day so that they could check for any changes which might indicate people needed support to access health and social care services.
- Appropriate referrals were made to other professionals, if this was needed.

Staff support: induction, training, skills, and experience

- Staff training had been developed and delivered around people's needs. Staff were supported to complete a city and guilds accredited training course on Alzheimer's Disease and Dementia.
- Staff told us they received a programme of thorough training which enabled them to understand and meet the needs of people who used the service. After staff had completed an initial induction. They were then supported to work towards the Care certificate.
- Mentoring with more experienced staff were offered as part of staff development. One staff member said, "They give us enough training. If there is anything new they give us training."
- The registered manager had developed a proactive support and appraisal system for staff, which recognises that continuing development of skills, and competence. For example, when staff had completed

training in mandatory subjects, the registered manger completed a session called "What we have learned" This was to review staff competency.

- Staff told us they were well supported and had opportunities to undertake training to enable them to carry out their jobs effectively. One staff member said, "If it was needed we would get the training. For example, we have just done a Parkinson's course."
- The service promoted the use of champions. Champions are staff who had shown a specific interest in particular areas and were responsible for sharing their learning and acting as role models.

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.

- The principles of the Mental Capacity Act 2005 (MCA) had been properly followed regarding obtaining consent to care. Where people held either Enduring or Lasting power of attorney (EPA or LPA) copies of these documents were retained within the care plan.
- The principles of the Mental Capacity Act 2005 (MCA) had been followed regarding best interest decisions.
- Practices regarding consent and records had been considered how to involve people to make decisions about their care.
- Staff had completed training in the MCA and DOL's and had a good understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the act in practice to support people to make decisions.

# 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; equality and diversity

- Staff were sensitive when people needed compassionate support. People told us staff had the time to work with them according to their needs and preferences.
- People told us they were valued as individuals and empowered. For example, there were several examples, where staff had gone the extra mile to provide support to people. One staff member had helped to repair a hem for someone, another had brought people flowers because they were feeling down. One person said, "The staff are consistent and know how I like things to be done. The staff always ask, 'what can I do.' They have encouraged me to start walking again."
- Family members told us they relied on the service, and were confident people were provided with exceptional support. They said, "I live a long way overseas. They are my eyes and ears on the ground. I feel very connected to the service and they keep me informed about any issues."
- Both staff and management were fully committed to ensuring people received the best possible care in a caring way. One staff member said, "The relationships I have with people make it so worthwhile. If I can make someone smile that day. That is brilliant for me."
- Care plans explored people's needs in a holistic way. For example, we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored.
- The registered manager matched staff with people's interests and personalities. There was a strong emphasis around making sure that potential employees had the right personal quality and matched them according to people's personal histories and cultural backgrounds
- All staff were particularly sensitive when people needed caring and compassionate support. They discussed this with them and helped people explore their needs and preferences in relation to personal and family support.

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

- People were supported to regain their independence. One family member feedback that, "Over the last few weeks have made us realise that mum and dad are able to cope with things better than they have for a while. We are stopping the care visit for the time being, because they have made such progress. We are extremely happy with this service and will recommend them to others."
- People's privacy and dignity was respected by the staff working with them. Staff respected people's wishes. One person said, "I am happy with the staff, I have a good relationship with the staff. I feel they respect me."
- People confirmed staff were polite and respected them, their homes, and their possessions. One person told us, "I am happy with the support. The staff do everything I need."
- Confidentiality continued to be well maintained at the service which meant that information held about people's health, support needs and medical histories was kept secure and treated with respect.

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

- The registered manager continued to support people to maintain their independence and staff spoke about how they supported people to participate in activities, rather than having tasks done for them.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views.
- People told us they enjoyed the company of the supporting staff and were relaxed around them.
- Staff spoke about people in a kind and caring way and knew their likes and dislikes. They were familiar with people's life histories which helped them to understand how their past experiences might affect them day to day.

## 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 as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

#### End of life care and support

- When end of life care had been given, staff worked proactively with other health and social care professionals to ensure people had a good end of life. One compliment had said, "Just to say a very special thank you. Their time was short, but it gave us support when we needed it the most."
- When it was applicable, copies of do not resuscitate records (DNARs) were kept within people's care plans.
- Not all staff had been trained in end of life care, but they told us this was planned. One staff member said, "I am doing this training next."
- The registered manager supported staff with the emotional aspects of delivering care when people were at the end of their life. For example, a counselling service was available.
- The registered manager was creative when encouraging people to remember people once they had passed away. At Christmas, staff were encouraged to write a memory about a person they may have lost in the previous year. The registered manager explained, "We started this because at Christmas to commemorate that person life. This was to help staff with the emotional aspect of the work they do. We all get attached to people."

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

- The registered manager gave various examples of when care had been provided which met people's needs, preferences and wishes. The feedback from people reflected this.
- Staff supported to people to access local church services, and achieve areas of interests, such as going shopping or accessing the community. For example, one person was taken to have fish and chips, another was supported to meet an old friend.
- The registered manager had worked with the local police which highlights vulnerable people in the community. One person was prone to going off for walks on their own, their family member was concerned about this, so the service suggested a tracker, so they were able to have peace of mind about the where the person was.
- Detailed assessments of people's needs were carried out and care plans outlined the support to be provided.
- Each person's care record contained information about the person details. This included the person's preferences, interests, and details of individual daily needs such as mobility, personal hygiene, nutrition, and health requirements. The care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. Care plans were regularly reviewed.
- Care plans were reviewed annually or sooner if any changes needed to be made.

#### 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.

- The service identified people's information and communication needs by assessing them.
- People's communication needs were identified, recorded, and highlighted in care plans. These needs were shared appropriately with others.

Improving care quality in response to complaints or concerns

- People who used the service, and family members were aware of how to make a complaint and there was an effective complaints policy and procedure in place.
- When their service began, they were given an information pack which outlined how the service operated and how to make a comment or complaint. When a complaint had been raised this had been resolved to the person's satisfaction.
- Compliments about the service had been received. One said, "It was so lovely to meet all of [Names] carers. They were all amazing and I can't thank them enough for their support and wonderful care. You made their dream of staying in their own home, a reality. I have the utmost respect and gratitude for you all." Another said, "Your dedication and proactive approach never ceases to amaze me."

## 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 as 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.

#### Working in partnership with others

- The registered manager had robust systems in place to share good practice across all services within the organisation and wider health and social care networks, such as, working in partnership with relevant stakeholders and agencies, to produce a local guide, which gave people information about local services within the area they lived in. They also attended meetings with skills for care and local managers. The organisation believed that by sharing best practice examples and lessons learnt that quality of care provided to people could be strengthened and improved. One relative had feedback, "It's so lovely to see [Name] thriving again."
- The registered manager had employed a person to focus on networking. This role specifically linked with the local community. The registered manager said, "This job is about knowing and affecting your community instead of just standing on the outside. So, we employed someone specifically to help with this aspect." As a result, employees had been involved in a number of local activities. Such as, the big clean, which was a litter pick, deliver natter and knitting coffee mornings, which made blankets and twiddle muffs for the local community, and supporting people to attend church meetings. One relative said, "Thanks for the personal nature of the care you give."
- The service worked collaboratively with other services and the registered manager ensured that good practice was shared and acted on throughout the service. They continued to work with the local community. For example, at Christmas they participated in a scheme called, Santa for a senior. The registered manager worked in partnership with the Alzheimer's society, age UK and the community transport team to distribute Christmas presents to older people in the local community.
- The registered manager worked in partnership with the Essex Diabetic Eye Screening Team, and had developed links with Anglia Ruskin University, whose students helped to wrap the donated gifts.
- The registered provider supported staff to make links with the local hospital. A number of staff were planning to volunteer at the local hospital, to assist people with dementia to eat at meal times. The registered provider supported staff to participate, by encouraging them to do this during their working day.
- The registered manager supported the community to understand issues affecting older people. For example, they held a conference at the local university and school called, social care and dementia, the aim of these sessions were designed to raise awareness and get people talk about dementia and how it affected people.

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

- The registered manager looked at how they could promote the wellbeing of Staff. For example, one staff member had been supported to access a financial grant. Others had attended a session which focused on

relaxation techniques. The registered manager said, "You don't just look after your staff 9-5, you look after your staff as people. I find out about their home lives, so that I can support them as a whole."

- Staff members and their families were able to access a counselling service. Staff had been supported by this service during difficult times.
- Staff told us there was a positive culture in the service. For example, the provider looked at ways in which staff could be recognised for their achievements. For example, monthly awards were given out.
- The registered manager listened to their staff team and responded to any concerns raised effectively. As a result, staff were committed and enthusiastic about their work.
- People had opportunity to express their views and be listened to in the annual management and monitoring review. We saw that this included people's views on all aspects of the service and was analysed to look for any areas that needed improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service's vision and values were personalised and put people at the heart. The core values of kindness, compassion, involvement, dignity, and respect were clearly embedded in the service. These values were promoted by both the provider and the registered manager. The registered provider said, "It is important for people to be at the heart of what we do. I saw such a need in the community, during my time working as a consultant for the local hospital. I would see people worrying that they would not be able to manage. I thought there must be something I can do. Our job is not to do things for people, but to get people to be independent, when they have lost their confidence."
- People who used the service, family members and staff were regularly consulted about the quality of the service they received. Regular satisfaction surveys continued to be carried out.
- The registered manager was held in high regard. People, and relatives described the management as being as open and approachable.
- Staff consistently described the registered manager, as being friendly, caring, and approachable. One staff member said, "They are very approachable, and easy to talk to." Another said, "[Name of registered manager] is efficient and very lovely."

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

- Governance systems were well-embedded into the running of the service. The registered manager and owner monitored service performance, in a way that ensured that quality improvement was integral.
- We saw the service had a well-defined management structure which provided clear lines of responsibility and accountability. For example, different care leaders managed the various sections of the business. This was supported by administration support and a lead for networking and development.
- The registered manager had overall responsibility for the service. The provider's values and philosophy were clearly explained to staff through their induction programme and staff told us there was a positive culture where staff felt included and consulted.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- People continued to speak positively about the management and leadership of the service.

Continuous learning and improving care;

- The registered manager continued to have a robust approach to quality assurance. They conducted regular audits and improvements were carried out when these had been identified. The quality of the service was monitored and assessed consistently.
- The registered manager worked in partnership with other organisations and had taken part in several

good practice initiatives designed to further develop the service. They also ran scam awareness sessions, to highlight the potential risks posed by some.