

Enable Today Ltd

Home Instead Senior Care East Dorset and Blandford

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 26 and 27 April 2018 and was announced. The inspection was undertaken by one inspector.

Home Instead Senior Care East Dorset and Blandford is a franchise of the Home Instead brand and it provides personal care services to people living in the East Dorset and Blandford areas. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults, people living with dementia and adults with a physical disability. At the time of our inspection the service provided personal care to 13 people, the majority of whom required help to maintain their independence at home.

The service calls their care workers 'caregivers' which is the name they are referred to throughout this report. We also refer to other staff by title or staff.

There was a registered manager in place. 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.

This was the first inspection of this service since it was registered.

People received care from staff that were caring, kind and compassionate. People and their relatives spoke very highly of staff.

People told us they felt safe. All staff were clear about how to report any concerns and were confident that any concerns raised would be responded to. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

The registered provider had a system in place to ensure people received their medicines as prescribed. Staff received training to administer medicines safely.

People received person centred care from staff who had the right knowledge and skills to meet their needs. Staff were supported to carry out their roles.

People's needs were assessed and their care was planned to maintain their safety, health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them to maintain their independence where possible.

There were systems in place to monitor incidents and accidents.

Staff treated people with dignity and respect and asked for people's consent before providing care.

Staff told us there was good communication with the management of the service and they felt supported.

The provider had processes in place to monitor the delivery of the service. People's views were obtained through surveys, one-to-one meetings and meetings with people's families.

The provider had a process in place to enable them to respond to changes in people's needs and any concerns. Staff told us they would respond to any concerns and seek advice from healthcare professionals where necessary.

Staff were knowledgeable about people's needs and told us they left drinks and snacks for people where required.

People and their relatives told us the service was well managed and told us the registered manager would respond to any concerns.

The management team were proactive in identifying continuous learning to drive improvements within 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 is safe.

Medicines were stored and administered safely.

Staff had received safeguarding training and were aware of actions they needed to take to keep people safe.

Risk assessments had been completed for people and their environments. Staff demonstrated a good knowledge of the risks people lived with and any actions needed to minimise the persons identified risk.

Staffing levels met the needs of the people using the service.

Staff had been recruited safely.

Is the service effective?

Good ●

The service was effective.

People received an assessment before they began to use the service in order for the provider to ensure they could meet their needs.

Staff were supported to give effective care through regular training and supervisions.

The provider worked jointly with healthcare professionals to ensure people's needs were met. Staff confirmed there were good communication systems within the service.

The provider obtained consent from people before delivering care.

Is the service caring?

Good ●

The service was caring.

People were involved in their care planning.

Staff were kind and respectful and developed positive

relationships with people they cared for.

People were provided with privacy and dignified care.

Staff supported people to maintain their independence and provided care in line with people's wishes.

Is the service responsive?

The service was responsive.

People confirmed the service responded to their preferences for care. Care plans were personalised and contained people's preferences.

People were confident that any concerns would be responded to.

Staff responded to people's changing needs and care was reviewed to ensure it continued to meet people's needs.

Good ●

Is the service well-led?

The service was well led.

People and staff spoke positively about the registered manager and provider.

The provider had systems in place to seek feedback from people to improve the service.

The provider had quality assurance systems in place to monitor the quality of the service provided.

Good ●

Home Instead Senior Care East Dorset and Blandford

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 checked 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 26 and 27 April 2018 and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited four people in their homes. We spoke with four relatives over the telephone about their experience of the service. We spoke with four members of staff (caregivers), the training manager, the registered manager and the nominated individual. We also spoke to one healthcare professional.

We looked at care documentation relating to four people, five people's medicines administration records, four staff personnel files, staff training records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People and their relatives told us they did not have any concerns about the care and support their relative received. People told us they felt safe with the staff that supported them. One person told us, "I feel totally comfortable with them [the staff team] in my home".

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. All staff told us they did not have any concerns about people's current practice and were clear about their responsibilities to keep people safe. Staff were confident the registered manager would take action in response to any concerns and they understood how to whistle-blow. All staff told us they did not have any concerns about people's current practice and were clear about their responsibilities to keep people safe. One member of staff told us they had raised concerns about one person's relative and it was responded to and was no longer a concern. Another person told us, "Staff are good at flagging concerns", such as changes in someone's needs or behaviour. The service had not made any safeguarding referrals in the preceding 12 months.

Staff supported people to manage and reduce any risks to their safety, including the person's home. This included managing risks such as people at risk of choking, self neglect and falls. One person told us, "They make sure I don't fall out of the shower". Risk assessments were continuously reviewed and proactively managed to maximise people's independence. For example, staff followed advice from the person's GP to manage the risks of someone with a swallowing difficulty. Risk assessments were completed with input from people, health care professionals and promoted people's independence. The provider told us they always checked if someone's home had a working smoke detector and would refer the person to the fire safety safe and well service if they required a smoke detector.

Accidents and incidents reported were reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks. Staff were aware of the reporting process for any accidents or incidents that occurred. One member of staff told us action they had taken after someone fell to assess if they needed any medical assistance. They told us they completed a body map to record any bruising on the person's body. One person's relative fed back positively that staff completed body maps if their relative fell and staff gave them "specific feedback" so they could monitor the falls with the person's GP. The staff discussed any incidents to identify any learning or changes required to the plan of care or additional support required for staff.

The provider had made arrangements to provide care to people during the recent bad weather when some roads were impassable during the snow. We received positive feedback from three people and two people's relative about the care provided by staff during this time. One person told us, "[The care worker] walked through the snow from the next village]. Another person told us the registered manager had walked to their house to provide care.

There were enough staff to meet people's needs. Everyone told us they had regular staff and that was important to them. One person told us, "I have [name of the care worker], they are really good". One

person's relative told us, "[My relative] has one main carer. The continuity is very good". Another person's relative told us, "There is a core of three staff". The registered manager told us care visits and cover of staff leave were planned so that people had regular care staff.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

People received their medicines as prescribed and records were maintained of medicines administered. One person told us staff put their prescribed creams on their legs. Care visits were planned to ensure there were sufficient gaps between medicines being administered. Care plans contained detail about how the person was to be supported to take their medicines safely. People were supported by staff who were trained and their competency assessed to administer medicines safely. We found a small number of omissions on people's medicines records. Audits in place confirmed the provider had identified these omissions, investigated them and taken appropriate action in response, such as guiding staff on how to improve recording.

Staff followed procedures to prevent and control the spread of infection. Staff received food hygiene and infection control training. Staff told us they always had access to personal protective equipment [PPE], such as disposable gloves and aprons and wore PPE when providing care. People told us staff wore gloves and aprons when providing care.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. People told us staff met their needs. People and their relatives spoke well of staff and told us staff had the right skills to carry out their role. One person told us, "They are all very good. They are well trained". Staff that we spoke with told us they felt supported to do their job well. One member of staff told us, "There is lots of training" and "we have shadow shifts to learn from each other". Another member of staff told us, "I feel 100% supported".

People's care was assessed to identify the care and support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. The assessment covered people's daily routine, dietary requirements and specialist care to enable the service to meet their diverse needs. Care plans contained clear instructions for the staff to follow so that they understood people's needs and the outcomes they wanted to achieve. For example, one person's care plan detailed their health care conditions that affected their mobility and ability to carry out certain tasks. The plan in place was person centred and stated how staff should meet their needs and follow the person's preferred routine. One person told us, "They know my routine". One member of staff told us, "Having a minimum of an hour for a visit means you can provide effective care. They keep you with the same clients, so you can get to know people. This means a lot and it helps".

Staff had the knowledge and skills to undertake their role. This included in regards to safeguarding adults, food hygiene, equality and diversity, supporting people to move safely, and administering medicines. One person told us, "When they put my socks on they do it just right and they all do it the same". The registered manager told us that dementia training had been planned for staff for in May 2018 to build on dementia awareness training given to staff during their induction. One member of staff told us, "I have signed up for it". Other staff told us they had signed up for the training and were looking forward to attending it. All staff told us they felt supported by the management team to carry out their role and could contact the office if they needed further advice. One member of staff told us how they were supported to understand someone's changing needs living with dementia and the approaches the staff take to be "sensitive" to these needs. Another member of staff told us there were opportunities to progress within the service.

The provider and registered manager had systems in place to support new staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were also supported to learn how to support people's individual needs by shadowing experienced staff, discussions at team meetings and observations of their competency checked. Staff told us they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs, and preferences. One person us, "The new staff come out and shadow the experienced ones. They do a good job".

Staff supported people well to eat and drink well to meet their needs. One person told us, "Staff prepare me a cooked breakfast every morning". People with specific health needs in respect of their eating and drinking were protected from risks. Staff described how they encouraged people to eat and drink when they carried

out their visits. Staff and people told us staff made sure people had access to drinks and snacks in-between their visits. One person told us they did not like drinking water and "[the name of the care worker] makes me a big jug of juice".

People told us staff sought their consent before providing care and respected their independence. One person told us, "They are great and always ask, what can we do for you?". Staff we spoke with were aware of how to respect people's choices and the need to ask for consent prior to carrying out any care tasks. Everyone that used the service had capacity to give consent to the care provided. 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. The management team had a good understanding of the MCA and staff had an understanding of how these principles applied to their role and the care they provided. Staff showed a good understanding of protecting people's rights to refuse care and support.

Where people did not have capacity to give consent, decisions were made in their best interest. For example, decisions had been made for one person who lacked capacity regarding receiving support with their personal care.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. This included working with district nurses. People who used the service had the necessary equipment, such as walking aids they needed to help them maintain their independence by doing as much as they could for themselves.

Staff worked well with other staff in communicating people's needs and outside agencies to deliver effective care and support to people. One healthcare professional told us the staff team communicated well with them and fed back any concerns and provided feedback in a timely way.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and had a caring approach. Comments from people included, "They have made my life enjoyable. Whatever we ask, they will do. They are part of the family", "They are very good" and "They come at the time I want and they are very kind". Comments from relatives included, "[The care worker] is a lovely person", "Nothing is ever too much trouble" and "If I contact them out of hours, it is never a problem". Another person's relative told us the care worker stayed with their relative when they were unwell and whilst they were waiting for the ambulance and kept in contact with them.

Staff we spoke with demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. For example, staff spoke compassionately about the challenges that people faced living with dementia. One member of staff told us they supported the person to remain as independent as possible and had regular contact with their family. Another member of staff told us, "They all [staff] seem to go out of their way to help". Comments from staff included, "I love my job", "I love it here, being part of a team and I love the people I go into" and "I love it. I really care about [service user's name]".

People and their relatives told us they were involved in decisions about how their care was delivered and reviewed. Comments included, "They do everything in accordance with how we want it" and "They asked me what help I wanted". Staff knew about people's preferences, interests and daily routines. One person's relative told us that because their relative had regular staff they did not have to keep explaining how they liked things to be done. They told us, "They are absolutely faultless". Staff told us they got to know about people's preferences through talking to people and their families and information from the registered manager and provider. Information about people's preferences were also recorded in people's care plans.

Staff understood how important it was to ensure they respected people's privacy, dignity and encouraged people's independence. Care was planned and delivered to support people to maintain their dignity and support their independence. Staff did not wear uniform. This supported staff to maintain people's dignity whilst out in the community with them. Care plans and support to staff guided staff to do this effectively. One person's relative told us, "They are a lovely team. The respect and the way they treat my [relative] is amazing". One person told us, "They check what I would like help with and that everything is okay".

The service was meeting the requirements of The Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that took into account any impairment which affected their communication such as hearing loss and delayed speech.

Is the service responsive?

Our findings

People received person centred care that responded to their needs. People and their relatives spoke highly of the approach by staff to meet their individual needs. One person told us the staff did small things like cut fruit for them they know they enjoyed. Another person told us the staff had got to know them and what help they needed. They told us they felt, "totally relaxed" with the staff. One person's relative told us the registered manager had recommended a longer time for their relative's care visit time to allow the staff to support the person at their pace. They told us, "It has worked out really well". One person's relative told us, "We had to increase the care. Within the hour someone had responded".

Staff provided person centred care to people that was reviewed regularly. People and their families had been involved in a pre-assessment before the service provided any support. The care planning process identified people's needs in relation to the protected characteristics under the Equality Act such as disability and race. Care plans were person centred and detailed how staff should support people's individual needs. Assessments included information about people's personal history and interests and the help they wanted. For example, one person's care plan detailed they wanted to remain living independently at home and remain as mobile as possible. Staff spoke confidently about the individual needs of people who used the service. The service supported people to maintain hobbies and interests. One member of staff told us they provided support to people in their own homes and to go out to places they enjoy. For example, they told us they had supported the person to go out shopping and for lunch. They told us, "We have a great time".

Care and support provided was responsive to people's changing needs. Staff took action in response to people's changing needs in identifying if someone needed urgent healthcare. For example, one member of staff contacted an ambulance for someone who had become unwell and the person had now returned home from hospital following treatment. For another person, the staff team shared information with each other how the person's pain was being managed to ensure the person was comfortable. Staff monitored people's needs with them and their families to identify if they needed to change the plan of care. For example, one person was now supported by two care workers to meet their needs. One person's relative told us, "They are very flexible and good at giving me feedback". Staff told us small changes to someone's care were recorded in care notes and more significant changes were discussed with staff and care plans updated. Three relatives told us they had one care worker as a point of contact who they could call directly as well as speak to the registered manager. They told us they felt confident that requests for changes to care or information would be responded to.

People and their relatives felt confident that any concerns would be responded to. Comments from people and their relatives included, "I have not had any cause for concern. If I did they would listen to me" and "If I had any concerns [the registered manager] would respond". Two relatives told us they had raised minor concerns and they had been responded to straightaway. There was a complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We looked at complaints and records of concerns records for the past 12 months. There were a small number of concerns raised and all had been responded to. For example, one person's relative raised a concern about a gap in the records of medicines administered. This concern

had been responded to and additional support provided to one care worker about recording medicines.

Compliments were also recorded and we saw a number of these had been received from people's relatives. One compliment recorded, "Having a regular and lovely natured carer has made such a difference to my relative's quality of life".

The service supported people at the end of their life. However no one was currently receiving care at the end of their life. One relative told us the care that staff had provided to their relative at the end of their life was, "fantastic". They told us the staff provided support to them as a family as well as their loved one. Some staff told us they received training to meet people's end of life needs and they had felt supported. The provider told us they were developing their approach to how they could support people to communicate their future end of life wishes.

Is the service well-led?

Our findings

People, relatives and staff all spoke positively about the registered manager and provider. Everyone told us they felt the service was managed well. One person told us, "[The registered manager] is absolutely brilliant. It is definitely well managed". One person's relative told us, "It is a good company". Staff spoke highly of the support they received from the registered manager, and management team. Comments about the management team by staff included, "My managers are incredible", "I feel appreciated" and "They are brilliant".

There were systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and spot checks, reviewing any incidents and accidents and records, support to staff and meetings with people who use the service. For example the provider had a system to check the care provided with people at regular intervals commencing with a home visit 24 hours after the first care visit. Staff told us the registered manager and provider introduced them to a new client before they started providing care. Unannounced spot checks were also carried out by a member of the management team to check staff were providing care as planned. At these visits people who used the service were also asked for their feedback. Feedback recorded from people was very positive.

There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. The office team had contact with staff on a regular basis to respond to any issues and provide support. The registered manager and provider had identified further training for staff on supporting people living with dementia and this was planned. The registered manager also told us they were developing more detailed care plans to support people living with dementia.

The registered manager, provider and training manager met each week to review the service. They discussed the operational effectiveness of the service and any issues or concerns arising with the service they were providing to people. The registered provider told us they also provided care to people as it gave them an opportunity to review how people's needs were being met. They also told us they also really enjoyed this part of their role. The registered manager told us, "I love what I do". One person told us, "[The registered manager] comes and checks if everything is okay".

The provider and registered manager had clear values which were promoted by the management team to all staff. The registered manager and provider told us the values included being reliable, responsive, building trust and having trained and engaged staff. The provider told us care visits were a minimum of an hour by the same small group of staff in order to give quality care and support people to remain independent. Staff we spoke with consistently demonstrated the provider's values to help people maintain and where possible improve people's independence. Staff told us they felt part of the team and were able to contribute to meetings and contact the management team. One member of staff told us, "There are regular team meetings and you can make suggestions".

Feedback from staff, people and relatives had been sought via surveys, meetings and telephone calls. This

helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. There was positive feedback recorded from home visits to gain feedback. There were five reviews on line about the service with positive comments submitted about the service and staff. The provider told us their annual survey was planned for June 2018. Everyone told us the management team listened, would act on what they told them and they were happy with the care provided.

The registered manager submitted statutory notifications as required to notify us about certain changes, events and incidents that affect their service or the people who use it. The registered manager told us they were well supported in their role and they kept up to date by attending training, local meetings with commissioners and partnership groups. The provider told us they kept up to date via information, training and support from Home Instead Senior Care as a franchisee. This included updated information about data protection regulations, dementia care and support for managers.