Lankelly Care Limited

Home Instead Senior Care Mid Cornwall

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

Home Instead Senior Care Mid Cornwall provides care and support to people in their own homes. Home Instead Senior Care is a franchise which is operated by Lankelly Care Limited for this location. The majority of people who used the service, at the time of the inspection, were elderly. The service provides help with people's personal care needs primarily in the St Austell, Wadebridge, Fowey River, Padstow and Launceston areas. The service provides a minimum of one hour visits, and ensures care is provided by a small group of staff for each individual.

At the time of our inspection twenty people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 16 October and 17 October 2017. This was the service's first inspection since it was registered in March 2016.

People told us they were positive about the support they received from the service. They said the service was, "Doing an excellent job. I cannot say anything bad about them," and "They are first class. Good as gold."

People told us they felt safe. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they had a team of regular staff and their visits were at the agreed times. People told us they had never experienced a missed care visit.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke very highly of staff and typical comments included; "Very nice. They are respectful and kind," and "They have a laugh. It makes all the difference if you are unwell."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed.

Staff were aware of people's preferences and interests, as well as their health and support needs, which

enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions
for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff said management were, "Very supportive," and "Very approachable."

There were effective quality assurance systems in place. The service had an effective management team, and Care Quality Commission registration, and notification requirements had been complied with.

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.

People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

People received suitable support with eating and drinking, and their health care needs.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support responsive to their changing needs.

Care plans were kept up to date.

People were able to make choices and have control over the care and support they received.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

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

The service had a positive culture. People we spoke with said communication was good.

Home Instead Senior Care Mid Cornwall

Detailed findings

Background to this inspection

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

The inspection took place on 16 and 17 October 2017 and was announced. We gave notice of the inspection in line with our methodology for inspecting domiciliary care services. One inspector undertook the inspection. Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law. During the inspection we went to the provider's office and spoke with the registered manager and the nominated individual from the registered provider Lankelly Care Limited. We had contact with four staff by email or telephone. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited four people in their own homes. We also carried out a postal survey. From the three people we contacted we received a response from one person, who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. They said staff were; "Very good. I have no concerns." Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management, and they said they thought management would take necessary action. Staff received safeguarding training. The registered manager said they had made one referral to the local authority as they were concerned about the wellbeing of a person who was using the service.

Assessments were carried out to identify any risks to people using the service and to the staff supporting them. Assessments completed included environmental risks, and any risks in relation to the health and support needs of the person. Risk assessments were incorporated into the person's care plan. Staff were informed of any potential risks before they went into someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. Managers ensured accidents and incidents were reviewed and audited. Appropriate action was subsequently taken, and where necessary changes were made to reduce the risk of a re-occurrence of the incident.

There were enough staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People said staff who visited them were well matched and had good, person centred attitudes to assist them to meet their needs. Staff felt that there were enough staff to meet people's needs. Managers told us they were currently trying to recruit some more staff. The registered manager said she also completed some care shifts.

The service produced a staff roster each week to record details of the times people needed their visits and what staff were allocated to go to each visit. A copy of the rota was issued to people and staff in advance. We were told staff were usually based at one person's home for their shift. However we were told that staff were allocated travel time between calls if they were required to work at more than one location.

A member of the management team was on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Staff had been recruited using a suitable recruitment process to ensure they had appropriate skills and knowledge to provide care to meet people's needs. The registered manager said staff turnover was low, and there was a focus on the organisation trying to retain good staff. We were told that the provider tried to ensure that staff were recruited with caring and compassionate attitudes, and staff were never recruited who may compromise standards.

Staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The registered persons obtained four references for each member of staff. Two were professional and two were personal references Staff were required to fill out an application form which included their previous work history.

Some people needed help with their medicines and the assistance needed was detailed in care records. For example, if people needed to be physically given their medicines, or whether they just needed to be reminded to take it. The service had a medicine policy which gave staff suitable instructions about how to help people with their medicines. Staff who administered medicines had received training in the administration of medicines. Staff were also required to have their competency assessed, by a senior member of staff observing their practice, before they could administer medicines on their own. Medicine records were regularly audited by a senior member of staff.

People said staff were always well dressed, and clean and presentable. We were told staff where necessary, always wore disposable aprons, and gloves. Staff also told us aprons and gloves were always provided for them, and they also were provided with anti-bacterial gel. Infection control training was provided during induction.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "They are doing an excellent job. I cannot say anything bad about them," "They are very nice, " and "They are first class. Good as gold."

Staff completed an induction when they started employment. Staff initial induction was completed in three days when they began working for the agency. Staff told us this included spending time with managers to discuss policies and procedures, complete on line and face to face training. New staff also completed at shifts with more experienced staff so they could get to know people's needs, and any routines they needed to follow. Managers would also observe staff practice. Staff received a copy of the organisation's 'Staff Handbook' which provided them with relevant information about the organisation, and key policies and procedures. The registered manager was aware of the Care Certificate framework. This is a nationally recognised qualification which assists staff to have the knowledge and skills to carry out their roles. The registered manager said new employees, who did not have experience in the care sector, would now receive support to obtain the Care Certificate. There was suitable documentation on staff files to show people had received an induction.

Training records showed staff received training in topics including moving and handling, infection control, safeguarding, dementia, food handling, first aid and fire prevention.

Staff told us they received supervision. Supervision gives staff a formal opportunity to discuss their performance and identify any further training they require. The registered manager of the service said managers would complete shifts alongside staff members to check their work was completed to a good standard.

Most people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to arrange and support people to access healthcare appointments if needed. Staff also worked with health and social care professionals involved in people's care if their health or support needs changed.

Staff supported some people at mealtimes to have food and drinks of their choice. People said support received was suitable, and when staff prepared food this was always done well, and meals were served hot.Any support they needed with eating and drinking was according to their personal needs. Comments included, "Wonderful," and before staff leave, "They always make me a flask and leave me some sandwiches."

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse support. People told us staff would always be polite and respectful. People also said they were always addressed in their preferred manner for example 'Mr', 'Mrs' and by their first names only when there was agreement.

People told us they had a team of regular staff and their visits were at the agreed times. Care appointments were usually a minimum of one hour, and staff would tend to work their entire shift with individuals. A staff member said, "I really like that there are no visits under an hour which allows us to spend time needed with the clients. There is no rushing and this allows the clients to take their time when carrying out tasks keeping them independent."

People said staff had not missed any visits. People also reported that if staff were delayed, they would always be phoned to minimise anxiety. Staff said visit lengths were satisfactory for them to deliver the care which was needed. We were told if people needed more time, staff would notify management, and where possible an increase in the length of the visit would be arranged.

The management understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. 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. The registered persons said that all the people who they supported currently had capacity. Where necessary 'Best Interest' meetings had been held to discuss any key decisions, about the person's care, with them, any family and relevant professionals. Care records showed the service recorded whether people had the capacity to make decisions about their care. Staff received training about the Mental Capacity Act during their initial induction, and received some documentation about the principles of the Mental Capacity Act.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same group of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People said staff did not appear rushed. People told us; "Staff are wonderful," and, "They are lovely I could not speak more highly of them." People told us they were happy with the care and support they received from the service, staff were caring and kind, and people were treated with respect and dignity.

People we spoke with consistently reported that their care staff always treated them respectfully and asked them how they wanted their care and support to be provided. People said their staff were kind and caring, for example staff were described as "If not for these girls I do not know what I would do."

None of the people we spoke with said staff ever outwardly appeared to be rushed, or cut corners in the care provided to them. Staff arrived for care appointments on time, and stayed for the correct amount of time. People said they were always asked at the end of the visit if they wanted any other assistance. People said necessary items e.g. a drink, walking sticks, TV remotes were always left within reach, for example if the person had mobility difficulties.

Some people's care packages were to provide 'companionship' for example to sit with people, or assist them with activities rather than provide them with personal care. Staff would accompany people with activities such as going shopping with them, going out for a coffee and going to the garden centre.

People said their homes were always kept tidy at the end of a visit. For example bins emptied, the kitchen and bathroom kept tidy.

People were aware of their care plans. Care records were kept electronically, although a paper copy was also stored at the organisation's office and in people's homes. People we met said they had been consulted about drawing up, and in reviewing, their care plans. Everyone we spoke with said the care they received was completed in a manner they wanted.

The care records we inspected were to a good standard. They contained a detailed care plan and relevant risk assessments. People said they felt information about them was kept confidentially. People and staff said they did not think information was shared with others, unless there was a suitable reason to do so. People told us staff would never talk about others who used the service, and they had no reason to believe staff ever spoke about their care with others who received support from the agency.

People said they felt staff did their best to encourage people to be as independent as possible. For example staff would encourage them to do tasks for themselves, or to relearn how to do things for themselves if for example the person had a stroke or had been in hospital for a long period of time.

The service provided 'End of Life' care for some people. The registered manager of the service said the service had well developed links with the palliative care team. Where appropriate people's care plans

contained suitable information about palliative care. The registered manager said staff were due to complete training about end of life care soon.

Good

Is the service responsive?

Our findings

Before staff began to support people, managers went to meet the person and completed an assessment. People we spoke with said a manager had met with them to ask what help they needed, and to find out what their needs were. Where possible assessments completed by the local authority or healthcare trust were obtained.

Care plans were developed with the person from information gathered during the assessment process. People were asked for their agreement on how they would like their care and support to be provided and this information was included within their care plan. Care plans provided staff with clear guidance and direction about how to provide care and support that met people's needs and wishes. Care plans provided a brief history or pen picture of the person. Such information would give staff useful information about people's backgrounds and interests to help them understand the individual's current care needs.

Care records were stored electronically, and accessible to staff though the internet. A paper copy of care plans was kept in people's homes and the service's office. Staff were involved with the daily update of records for the people they worked with. Staff said they knew the people they worked with well. When new people received care from the service, they were informed by managers of people's needs. Staff also said they were informed by managers of people's changing needs.

The service was flexible and responded to people's needs. For example, managers tried to ensure care appointments were at times which suited people. Changes were made, often at short notice, if people had to attend health appointments or were going out for a special occasion.

People said they would not hesitate in speaking with staff if they had any concerns or complaints. Details of how to make a complaint were contained in the organisation's 'Service User Guide' which was provided to people when they started with the service. A copy of the organisation's complaints procedure was also contained in their files, which were kept at people's homes. People we spoke with said they found office staff approachable and were sure, if they needed to make a complaint, it would be taken seriously and resolved to a satisfactory standard. The owner of the service said there had been no complaints in the last year.

The registered manager said there were good links with GP's, district nurses, community psychiatric services, and social workers.

Good

Is the service well-led?

Our findings

The people we spoke with were positive about the management of the service. People told us they knew who to contact at the service if they needed to and people described management as; "Very good," and, "Approachable, they came to visit us at the beginning to introduce themselves."

People told us they knew who to contact in the agency if they needed to, the telephone was always answered promptly, and staff at the office were always as helpful as possible. People told us communication with the agencies' office was "Very good," and "They will always get back to us if they don't know the answer."

Staff said there was a positive culture in the organisation. For example we were told, "It is brilliant," "I am working with a very dedicated team who care passionately about meeting clients' needs and getting the appropriate care in place as soon as possible," "I could not wish to work for a better company there is always support from the management if needed," and "I find that they not only care about the clients they have but also care about the staff." Managers were described as "Very supportive," and "Approachable." We were told there were staff meetings and saw minutes of staff meetings dated 4/9/2017 and 1/3/17. Smaller staff group meetings were also arranged to discuss relevant issues about specific people who used the service so care could be coordinated effectively.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, worked alongside other senior staff to ensure the smooth day to day running of the service. There was an out of hours on call service. People said when they had used this, any queries and problems had been resolved satisfactorily. Home Instead had a central office which provided support and advice to franchise operators such as Lankelly Care. This included guidance about care standards and personnel matters. Home Instead required the registered provider to submit regular information about the operation of the agency, and also completed audits to ensure the provider was operating effectively.

The service had effective systems to manage staff rosters; assessment and care planning; training and staff supervision. One of the senior staff was responsible for auditing care records, medicine records and other records necessary for the running of the organisation.

The registered persons monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us the management team were very approachable and they were included in decisions about their care. Management said some spot checks were carried out to ensure care visits were completed to a satisfactory standard. A staff survey had also been completed.

People were asked for their views on the service through informal discussion with staff and managers, and through an annual survey of people, their relatives and community professionals. A survey had been completed and the results showed people were happy with the service. This was corroborated by our survey

which also found people were happy with the service. The service had other quality assurance measures in place such as audits of care plans, staff training, accidents and incidents.

The manager was registered with the CQC in 2016. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as of deaths or serious accidents, have been complied with.