Kernow Care Services Limited

Home Instead Senior Care

Inspection report

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Date of inspection visit:
14 May 2018
15 May 2018

Date of publication:
14 June 2018

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

We inspected on 14 May and 15 May 2018. The inspection was announced because we wanted to ensure either the nominated individual was available to meet with us. At the last inspection, in February 2016, the service was rated Good. At this inspection we have rated the service as 'Good.'

Home Instead Senior Care (Truro) provides people with personal care in their own homes. 'Home Instead' is an international franchise. This specific agency is operated by Kernow Care Services Limited. At the time of the inspection the service provided support for approximately 41 people, 19 of whom require personal care. The service provided support for people in the Truro area. The service works with elderly people.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However a manager had recently been appointed, and an application had been submitted for the person to be registered with the Care Quality Commission.

The service had satisfactory safeguarding policies and procedures. Staff were trained to recognise abuse, and what to do if they suspected abuse was occurring. Suitable risk assessment procedures were in place, and risk assessments were regularly reviewed.

Recruitment checks for new staff were satisfactory. For example, the registered provider obtained a Disclosure and Barring Service check and written reference check when the member of staff was recruited. When staff started to work at the agency they had to complete a satisfactory staff induction, which included relevant training which assisted the member of staff to carry out their job. The registered provider had a suitable system of staff supervision and annual appraisal.

Medicines procedures were satisfactory, and we were told the support people received in this area was good. Staff were trained in procedures to minimise the risk of infection. People and their relatives said staff were always clean and well dressed. Staff said they were provided with disposable gloves and aprons.

There were satisfactory procedures to assess people to check they were suitable to receive support from the service. Subsequently staff developed comprehensive care plans for people and these were regularly reviewed.

Where people received support to prepare meals. Procedures to monitor food eaten and fluid intake, if and where necessary, were satisfactory.

We were told none of the people who used the service lacked mental capacity, and could make decisions for themselves. If people did loose capacity, the service had suitable systems were in place to meet legal

requirements and ensure people's rights were protected.

We received positive support about staff attitudes. Comments included; "Very good," "Staff are very nice," "Very kind" and "Staff are lovely." Staff worked with people to maximise people's independence.

The service had a complaints procedure. People said they would approach staff or management if they had a concern.

Management were viewed positively by the people who used the service and staff who we contacted.

The staff team said they worked well together. People and their relatives viewed staff positively and staff were viewed as caring.

Quality assurance processes were satisfactory to monitor the service was working effectively, and pick up and address shortfalls in service provision.

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

Suitable systems were in place to protect people from abuse

Employment checks were satisfactory to check staff members were suitable to work with vulnerable people.

There were suitable procedures to ensure people received their medicines safely and on time.

Is the service effective?

Good

The service was effective.

Staff induction and training was generally satisfactory to enable staff to carry out their roles. However many staff did not have a current first aid certificate, although training in this area was planned.

People were happy with the food and received suitable support with eating and drinking where this was necessary.

The service had suitable policies and procedures, if people lacked mental capacity, to help ensure people's rights were protected

Is the service caring?

Good

The service was caring.

People said staff were caring, kind and respectful.

People were involved in making decisions for themselves.

Is the service responsive?

Good

The service was responsive.

Each person had a care plan and these were regularly reviewed.

Staff provided people with support at a time they wanted. Staff

arrived on time, stayed the correct amount of time, and did not miss visits. Staff did not appear to be rushed.

There was a complaints procedure. People said they would approach staff or management if they had a concern.

Is the service well-led?

Good

The service was well led

Management were viewed positively by people who used the service, their relatives and staff who worked for the service.

Staff worked well as a team, communication was good and staff appeared happy working for the provider.

Quality assurance processes were satisfactory to ensure the service was delivered effectively.

Home Instead Senior Care

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 14 and 15 May 2018 and was announced. The inspection was announced so we could ensure the nominated individual was available to meet with us. The inspection team consisted of a lead inspector.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, speaking with staff members, pathway tracking (reading people's care plans, and other records kept about them), and reviewed other records about how the service was managed.

We looked at a range of records including five care plans, four personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with eight people who used the service and four people's relatives. We also spoke with three staff members.

Good

Is the service safe?

Our findings

The service had a satisfactory safeguarding adult's policy. All of the staff had received training in safeguarding adults. The manager said safeguarding processes were discussed with staff at team meetings and in supervision sessions. We were told staff understood how to safeguard people against abuse, and any allegations staff reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

Risk assessments were in place for each person. For example, to prevent poor nutrition, and hydration and falls. Risk assessments were reviewed monthly and updated as necessary. The staff team also took appropriate and calculated risks to support people to live more independently and learn new skills.

In order to minimise the risks of lone working, we were told ways to minimise any risks were discussed with new staff when they started working for the provider.

All records were stored confidentially. Staff could access people's records either at the service's office. An up to date care plan was also stored in people's homes. Records we inspected were up to date, and were accurate and complete.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service.

We were told none of the people who used the service had any behaviours which the service found challenging.

People who used the service, their relatives, and staff thought there were enough staff. Women said they always received personal care from female carers. People said they were always supported by the same group of staff members, and when new staff started to work with people, they were always introduced to them. All visits were at least an hour in length. The service provided shopping and domestic services for people but these are not regulated by the Care Quality Commission. On a weekly basis, people received a schedule of who was going to provide their care so people knew who was coming to support them.

Staff recruitment procedures were satisfactory. For example, a Disclosure and Barring Service (DBS) check was obtained for all staff before they worked on their own. At least two written references were obtained for all staff members. Staff members had a copy of an application form on file, and proof of their identity.

The registered provider has a suitable policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. Depending on the care package staff either administered people's medicines or reminded them to take their medicines. Staff had received suitable training about handling medicines. People were responsible for ordering and storing their own medicines. Medicines were usually stored in pre-packed blister packs.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate.

Good

Is the service effective?

Our findings

The service had suitable processes to holistically assess people's needs and choices. Before providing a service, a manager from the service went to meet with the person, and /or their representatives, to find out about their needs and whether the service could meet these. Copies of assessments were kept on people's files. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy, but this currently only covered staff. The manager said this would be reviewed so it covered people who used the service.

When staff started working at the service they were provided with a satisfactory induction to assist them to learn their roles, and provide care according to an appropriate standard. This included completing on line training, and shadowing more experienced staff. All new staff were required to complete the Care Certificate. This is an identified set of national standards that health and social care workers should follow when starting work in care. Staff induction records were satisfactory.

We checked to see if staff received training required by health and safety law such as moving and handling, fire safety, infection control, first aid and food hygiene. Care staff should also receive training in safeguarding, mental capacity and managing medicines. Records showed staff had received most of this training. However, not all staff had a current first aid certificate, although the registered provider had arranged this. Not all staff had received moving and handling training. We were told staff were only provided with this if they worked with people who required it. We were told all staff did receive basic moving and handling training to move inanimate objects (for example to carry shopping). Where people did require assistance with moving and handling, we checked training records of staff who worked with them, and they had received moving and handling training. We were told if other people's needs changed, staff would be provided with moving and handling training.

Care staff were positive about training they had received. For example, one member of staff described training was described as, "Intensive," and "Thorough."

Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. The staff we spoke with said they could approach senior staff for help and support if they had a problem. Support was described as, "Very good," by a staff member we spoke with.

Some people received support preparing food. At the time of the inspection, nobody required assistance with eating. The people we spoke with said food prepared was always well prepared and hot.

The manager said the service had established links with external professionals. The service worked closely with a wide range of professionals such as community matrons and general practitioners to ensure people lived comfortably, and received suitable healthcare support. The manager said relationships with local GP surgeries was satisfactory.

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 manager said the all of people supported had capacity. However, if people did lack capacity, the service had suitable policies and procedures in place to ensure people's rights were protected. Staff had also received training about mental capacity.

Good

Is the service caring?

Our findings

We received only positive comments about the attitudes of staff. For example, staff were described as, "Very, very nice people," "I always look forward to them coming." Other comments included, "Staff are absolutely brilliant" "I get excellent care," and " Staff are marvellous. They are so good and they will do anything extra I ask them to do. They are lovely: all of them." The staff we spoke with all said they thought the care standards of the provider were good and all the people who used the service were very well cared for. Staff also said they had confidence in their colleagues practice.

Care plans contained information about people's preferences, personal histories and backgrounds. This assisted staff to know the people they were caring for and supporting. We were told when care plans were drawn up managers would meet with the person, or their relative, and discuss with them their needs so information within the care plan was accurate. Everybody we spoke with said they had a copy of a care plan in their home, and they could look at this at any time. People signed the care plans once these had been written. People said staff always completed records at the end of the visit. Staff said care plans provided them with all the information they required and also enabled them to feed back to management if they had any issues or concerns about people's wellbeing.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People told us that staff always asked people how they wanted their care given. Staff also would ask permission for example if they needed to do a specific task or get something out of a cupboard and so on. People said they had never had any items or money go missing and felt staff were honest.

People said when staff visited their homes, they always asked if the person wanted anything else completed before they left. We were told staff always ensured people had things (for example, glasses, remote controls, walking sticks), left near at hand when the staff left.

Staff we spoke with said they had enough time to work with people. People told us they did not think staff were rushed. We were told people's privacy and dignity was respected.

Good

Is the service responsive?

Our findings

Everyone who used the service had a care plan. A copy of people's care plans were kept in their homes. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans were detailed and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans also included risk assessments for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences, interests and aspirations.

Where people did not have representatives to help them read documentation staff were happy to assist them by reading it to them.

We were told, by managers and the people we met, staff were seldom late for care appointments, always stayed the correct amount of time for visits, and care appointments were not missed. Care staff also said that visit schedules were worked out in a logical manner so they were not too rushed. People were always personally introduced to staff who worked with them before care visits. Subsequently people would only receive support from a minimal member of staff, who they had previously met, and who had worked with them.

The service had a complaints procedure. The people, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. We were told, "They would listen and would sort it out." We were told there had not been any formal complaints made. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The service did not routinely provide end of life care. If somebody, who had lived at the service did need end of life care, the service had a suitable care planning system to ensure people received suitable support. We were also told staff would consult with district nurses and GP's to ensure people received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

People, their relatives and staff were positive about the management of the service. Managers were described as: "Marvellous," and "Very pleasant."

The service had a clear management structure. The current manager had been in post since the beginning of 2018, and had submitted an application to be registered with the Care Quality Commission. The nominated individual was the managing director of the agency and was actively involved in the management of the service. Other managers were in post to assist the manager to manage the service for example to assist in the day to day management of people's care arrangements and scheduling visits. The service had a 24 hour on call service which operated seven days a week. People and staff said the on call service was also effective.

People were positive about how the service was managed. For example we were told, "It is a very well run organisation." People said when they telephoned the office staff on the telephone were always supportive and helpful. The office staff were described as, "Excellent," "They are quick, polite, what they say is going to happen, does happen, "and "Liaison is absolutely brilliant."

Staff we spoke with said they worked well as a team. Staff said they communicated well. Staff members told us, "My colleagues are all helpful and nice." Staff said they were provided with their work schedule in good time, and any changes were communicated appropriately. There were records that there were some staff meetings. The manager said staff meetings occurred every three months.

The staff we contacted were all positive about working for the provider. We were told, "They are very good to work for," "Hands on and they know what's what," and "Managers are very approachable."

The manager said both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered provider had a quality assurance policy. The service's approach to quality assurance included a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. People had a 'service review' every six months. A manager would also meet with the person, and / or their representatives to check they were happy with the service, on a regular basis. Managers also carried out 'spot checks' on individual staff to check care was delivered to a good standard. Audits were completed of care records; care plans; monitoring accidents and incidents. However, there was currently no system to monitor staff training was up to date, apart from individually auditing staff files. A survey was also completed to check people were happy with the service they received. A staff survey was also completed. An external service audit was also completed. All the people we spoke with said they would recommend the service to other people.