

Hamax Ltd

Home Instead Senior Care

Inspection report

Suite 5B
Malvern Gate, Bromwich Road
Worcester
Worcestershire
WR2 4BN

Tel: 01905420404
Website: www.homeinstead.co.uk

Date of inspection visit:
05 November 2019
14 November 2019

Date of publication:
20 March 2020

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

About the service

Home Instead is a domiciliary care service providing personal care to approximately 100 people aged 55 and over at the time of the inspection.

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

People were happy with the support they received. People felt safe around staff that had been introduced to them and who they knew well. Staff attendance at calls was monitored to reduce the risk of people being left in a vulnerable position by a missed call. Risks to people's health were known to staff. Risks were monitored regularly and updated as appropriate. Staff underwent background checks to assure the registered provider of their suitability to work at the service. The registered manager reviewed practices to ensure there was continual learning. The registered manager also incorporated best practice when they were reviewing and improving people's care.

People's needs were assessed prior to their care commencing so the registered manager could fully understand and plan for their needs. Staff had access to regular training and supervision. Where staff required additional training, this was provided. New staff undertook shadowing to learn people's needs. People had choices in the food and drinks that were prepared for them. Staff had links with the local GPs and district nurses and where appropriate, escalated concerns. Staff contacted emergency services when they needed to.

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

People liked the staff supporting them because they had a good understanding of their needs. People told us they had continuity of staff which meant they were able to develop a friendship with the staff supporting them. Staff had training and understood the importance of respecting people's human rights and cultural needs. People told us they were treated with dignity and respect. Staff also supported people to remain as independent as possible.

People told us they were involved in planning their care and involved in reviewing and updating their care plans as their needs changed. People also told us care was responsive to their individual needs and circumstances. People understood they could complain if they needed to, and understood the process for doing so. People felt assured the registered manager would take appropriate action when needed.

People told us they felt the service was well run and managed well. Staff told us they were happy working at the service and received the support and guidance they needed to support people to ensure they got the care they needed and wanted. The registered manager was supported by both by the registered provider and the management team who strived to continually review people's needs and update their plans of care.

The registered provider understood their responsibilities and took an active role in ensuring people received the care they needed. The registered provider took pride in developing partnerships to further their understanding and implement best practice when providing care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published 05 May 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 reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

There was one inspector in the inspection team.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They had been in post for 19 weeks.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. The second day of the inspection was also arranged so that the registered manager was able to be present during the inspection.

Inspection activity started on 4th November 2019 and ended on 12 December 2019. We visited the office location on 5th and 14th November 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. The inspector reviewed information held on our systems including notifications sent into us by the registered provider as well any contact initiated by members of the public to

discuss the service.

During the inspection

We spoke with 16 members of staff including the provider, registered manager, care managers, senior care workers and care workers.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment checks. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We contacted 18 people and spoke with 12 people and their relatives by phone to ask them about their experience of care.

We also reviewed further documentation the registered manager asked us to review as part of the inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They told us staff were introduced to them prior to commencing work, so they always knew the staff who supported them.
- Staff had received safeguarding training and understood the process for raising concerns. Staff felt assured their concerns would be acted upon by the registered manager.

Assessing risk, safety monitoring and management

- The provider used an electronic system to monitor staff attendance at calls which reduced the risk of a person having a missed call. The registered manager told us there had been no missed calls.
- Risks to people's health were listed in their care plans for staff to refer to. Staff told us any changes to managing people's health were communicated to them promptly.
- Where people's safety was a concern to families, families worked with the registered manager to consider a safe way to help monitor the person's safety at home. Third party monitoring systems were used where appropriate to reassure families and keep people safe.

Staffing and recruitment

- Systems were in place to recruit staff safely. Recruitment checks included background checks for potential staff.
- People told us they were supported by an appropriate identified number of staff on each care call to provide safe care.

Using medicines safely

- People told us they were happy with the support they received with their medicines.
- Staff received training to support people with their medicines. The registered manager told us they were moving all clients to electronic charts to improve how they recorded people's medicines. Some staff attended training during the inspection to update them on using the new electronic Medicines Administration Records.

Preventing and controlling infection

- People and their families told us staff worked in accordance with good infection control practice which kept the risk of infections spreading to a minimum. One relative told us, "They always take things out to the bins."
- Staff had received training on minimising the spread of infection and understood the precautions to take. Staff told us they had ample access to equipment such as gloves and aprons whenever they needed. Where staff were considered a risk to others due to short term illnesses, action was taken to keep people safe.

Learning lessons when things go wrong

- The registered manager had reviewed practices so people benefitted from care that was continually reviewed and updated. Best practice was also reviewed and incorporated. For example, the registered manager ensured staff understood the Herbert protocol and how to follow this should a person living with dementia ever leave their home unaccompanied and become lost.
- Accident and incidents were recorded so any changes in people's care needs could be monitored and changes made to their planned care. Where changes were made, these were shared with the appropriate staff.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their families told us they discussed their needs with the registered manager. The registered manager told us their assessment process prior to accepting a package of care was comprehensive so they could be sure they had the correct staff in place to meet a person's needs. Where appropriate, the registered manager sought additional training and guidance for staff, to ensure care was delivered based on best practice.

Staff support: induction, training, skills and experience

- People and their families told us they were confident around staff who they felt had the required training to meet their needs and who could support them effectively.
- Staff training was regularly reviewed to ensure staff had the necessary training to support people appropriately.
- Staff told us they had access to as much training as they required and if they requested additional training, this was also provided. Staff were notified of training opportunities in advance so they had plenty of notice and ensured they could attend.
- The registered manager responded to staff training needs as and when issues merged. For example, Sepsis training was arranged to improve staff understanding of the symptoms so that any action needed by staff could be taken without delay.
- New staff were introduced to the work through a mixture of training and shadowing experienced staff.

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

- People told us staff always offered them choices in the meals and snacks prepared for them. People told us they were happy with the choices offered to them and knew staff would help them prepare the food and drinks they needed. Staff supported people to choose and prepare meals with fresh ingredients. Meals were cooked in larger quantities to reduce the number of visits needed.
- Any health conditions relating to diet, such as diabetes and diverticulitis are documented in the care plan for staff to refer to. Health professionals such as Speech and Language Therapists were consulted as appropriate.

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

- Staff spoke confidently about how they worked with other healthcare professionals if they were unsure of anything. Staff had good links with local GP practices and district nurses and knew how to escalate concerns.,

- People felt assured staff would support them to remain healthy. One family member told us their relative had needed an ambulance. The staff member had waited with the person until the ambulance arrived.
- Staff felt assured if they needed additional guidance when supporting someone with an urgent health concern, they would get guidance from the registered manager.

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 registered manager had systems in place to review people's capacity to make decisions.
- Staff had received training in the MCA and understood the importance of obtaining a person's consent. If staff were unsure about a person's capacity to make a decision, they contacted the family and administrative office for further advice.
- Best Interest decisions were made as appropriate. For example, where people would benefit from tracking devices to help reassure families about their whereabouts, the registered manager supported the process to help maintain people's independence.

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 Outstanding. At this inspection this key question has now changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt cared for and that staff understood their needs well. People told us care staff knew their needs well and understood how to support them.
- Staff told us they had received equalities training. For example, one staff member told us it was important that people were well supported to have choices and that they felt empowered to be involved in their care. Staff understood that some people might face prejudice or barriers and that it was important people were supported to maintain their lifestyle choices.
- Staff worked with people to develop ways of reflecting on the person's history and memories. For example, staff supported people to develop a memory book that contained photos important to the person.

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

- People told us they had regular staff to support them who they knew well. Relatives told us this helped to reduce their anxiety because they knew people were well cared for. One family member in their feedback to the registered manager wrote, "[Family member] is very happy and says how lovely and kind they [staff] both are to her. It has relieved me of much anxiety too." The registered manager told us staff did not wear uniforms in order to help build a rapport with people.
- The registered provider used innovative ways to improve people's experience of care and reduce their anxiety. For example, the registered provider had introduced an electronic toy seal which responded to people when they stroked it. This helped distract and calm people if they became distressed. Staff used this to support and reassure people living with Dementia. Staff told us when this had been used for one person and the person responded immediately and found the seal soothing.
- The registered manager told us they matched people and staff with similar interests so it was easier to help people build a rapport with staff. For example, one staff member told us they had been matched with someone who shared a similar hobby to them. This shared interest had given them something to talk about and helped to reduce any potential barriers.
- Staff told us continuity in care helped them understand and build relationships with people. For example, one staff member told us one person's family lived overseas and relied on care staff to feedback to them what the person needed. When the person died, the family asked care staff to help plan the funeral because they had known the person so well.

Respecting and promoting people's privacy, dignity and independence

- People told us they were always treated with dignity and respect and that staff always respected their space and their home. Staff had received training on supporting people with respect and dignity.

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.

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

- People and their families told us they were involved in planning the care people needed. One relative told us, "They allowed Dad to have ownership of his care." The family member told us how their relative had recently been bereaved and had difficulty accepting they needed care. They told us care staff had worked with the person to enable them to feel valued and empowered to make their own decision. This had helped the person accept they needed care to remain living in their home.
- People's care was tailored to their individual and specific needs. For example, one person had been living on pre-cooked frozen meals which had a negative impact on their health. Care staff worked with the person, attending cookery lessons, so they could help prepare freshly cooked meals. The person's health subsequently improved.
- The registered manager accessed innovative tools to support people. For example, cleansing shower caps were used that staff used to help clean people's hair when people were not able to have it washed. Where people required support to access additional services, staff supported people to access these.

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.

- Care staff understood people's differing communication needs through working with people and their families. Care staff gave examples, of how they used people's facial gestures and body language to understand them and, where appropriate, showed people different items in order to help them communicate choices.
- The registered manager worked with families to identify improvements to people's care. For example, for one family equipment was sourced to improve communication that improved the person's experience of care.

Improving care quality in response to complaints or concerns

- People told us they understood how to complain if needed. Some people told us they had contacted the office if they had been unhappy with anything and their issues had been quickly resolved.
- Processes were in place to investigate and respond to complaints in accordance with the provider's policies and procedures.

End of life care and support

- Where appropriate, people and their families had discussed their end of life wishes with staff and these were included in plans of care. The registered manager also understood who they needed to contact in the event of a life limiting emergency.
- Staff had received End of life training in order to support people compassionately. Staff were also supported by GP's, nurses and staff from a local hospice in order to support people requiring end of life care.
- Where RESPECT forms (Recommended Summary Plan for Emergency Care and Treatment) were in place, staff were supported to understand the importance of these.

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 Outstanding. At this inspection this key question has changed to Good.

This meant This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People understood their care was of a high quality and that it centred around their individual circumstances.
- People told us they received care that met their individual needs. People felt assured their human rights were promoted. LGBT issues had been discussed at a recent team meeting to ensure staff had empathy and understanding of any potential barriers people may face. A staff member told us, "Everyone should be treated the same regardless." The registered manager told us when they had recently reviewed the service, they identified staff required this as a point of learning.
- People told us they helped plan their own or their family member's care and reviewed it to ensure that it met their needs. Care plans were adjusted to meet people's individual circumstances. The registered manager told us about a person's unique circumstances when there had been a significant delay in their discharge from hospital. They told us how they worked with the person's family to ensure the person's cultural needs were met and they only received care from staff who were confident to meet their specific needs.
- Support was offered to people living with young onset dementia and their families. Opportunities to socialise with other people and families through a pub club were promoted.

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

- The registered provider told us they recognised some of their staff required additional training to meet people's nutritional needs. The registered provider told us they sought cooking lessons so they could be assured people's meals prepared by staff were of a good nutritional quality.
- Newsletters were circulated to people to keep people updated about developments at the service.
- Staff efforts were recognised through a staff recognition scheme.
- Counselling was offered to staff to support staff with their mental health and support for legal or personal issues that may arise.

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

- The registered provider had a whistle blowing policy that was promoted throughout their staff.

- The registered provider understood the need to investigate and respond to complaints and where appropriate make the necessary referrals to organisations such as the CQC. Complaints detailed action had been taken as appropriate.
- Daily 9am meetings ensured the management team understood people's up to date needs and understood where changes were needed and the action to take.

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

- People benefitted from care that was reviewed and quality checked regularly. Systems were in place to ensure people's care monitored and met their expectations.
- The management team was structured so that a dedicated member of the management team oversaw each person's experience of care. The management team was made up of 18 staff, 15 of whom had been promoted from within the business. This meant people's care was routinely monitored to ensure it was of a high standard.
- Regular spot checks enabled a two-way process where people could also feedback what they thought about care. People we spoke with confirmed they could speak with staff completing a spot check when they visited their home. They could also share feedback via telephone or email.

Continuous learning and improving care

- The registered provider reviewed and innovatively improved practices. They had sourced additional training from a local university for senior and management staff to understand and ensure care was delivered based on continuous best practice. They told us they had found they had an increasing number of people living with dementia and wanted to ensure their care they provided was of a high standard and in line with current best practices. They were also working with the local University to improve post graduate student understanding of domiciliary care and helped contribute towards the design of the course. The management team had also attended a number of additional courses themselves to enhance their knowledge and improve care at the service.
- The registered manager met with other registered managers to provide support another and share ideas on best practice.

Working in partnership with others

- The registered provider took pride in the partnerships they had developed with other stakeholders in order to improve people's lives. For example, the registered provider worked with a local Dementia focussed action group to help promote a better understanding of the needs of people living with Dementia.
- One person told us through attending the registered provider's safety workshops, they had become more informed about potential scams and had felt more confident and empowered to challenge people they thought might be bogus sales people. The registered manager also told us about how they also supported people to reduce the number of nuisance callers.
- The registered provider was developing links with the ambulance service to improve people's care following a fall in their home. The registered provider had sourced a piece of innovative equipment to help raise people off the floor safely. The registered manager told they were working with local partners to ensure as many people as possible could benefit from this piece of equipment.