

H&G Care Ltd

Suite 35 Lake View House

Inspection report

Lake View House
Wilton Drive
Warwick
CV34 6RG

Tel: 01926675698

Website: www.homeinstead.co.uk/warwick

Date of inspection visit:
14 November 2019

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11 December 2019

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

Suite 35 Lake View House is a domiciliary care agency that is part of the Home Instead Senior Care franchise. A franchise is a business in which the owners sell the rights to their business logo, name, and model to independent owners. The service provides personal care and companionship to older people living in their own homes. Some of these people were living with dementia. At the time of the inspection, 53 people received a service from Suite 35 Lake View House. Some of these people received 'live-in' care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 22 people received personal care.

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

Every person we spoke to told us staff were kind and caring and treated them with dignity and respect. Staff were trained and told us they enjoyed their roles and felt they made a difference to people's lives. People were supported to express their views and were involved in making decisions about their care.

People told us they were provided with safe care and treatment. Risks to people's health had been identified, assessed and monitored to ensure people received safe care and treatment. Records contained guidance to staff on how to manage risks to keep people safe and the registered manager planned to improve the consistency of detail recorded. Staff knew about people's individual risks and how to minimise these. Where necessary, people received their medicines as prescribed. Staff understand their role and responsibilities for maintaining high standards of cleanliness and hygiene.

The provider had a robust recruitment process which prevented unsuitable staff from working with vulnerable adults. People told us staff were always on time and stayed for the full length of allocated time. People received care from reliable and consistent staff.

People's needs and preferences had been assessed before receiving care and support. People's care and support was planned in partnership with them and where appropriate, their family. Records showed referrals had been made to other healthcare professionals when necessary to ensure people remained well.

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. Staff were committed to providing person centred care and respected people's individual preferences.

The registered manager completed regular checks to ensure the people received high quality and compassionate care. People knew how to complain and were confident they would be listened too. Staff and people provided positive feedback about the management of the service.

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

Rating at last inspection

This service was registered with us on 29 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 

Suite 35 Lake View House

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

The inspection was carried out by two inspectors.

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 who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 November 2019 and ended on 18 November 2019. We visited the office location on 14 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with two members of staff known as 'caregivers', the registered manager, the recruitment and care co-ordinator, the training co-ordinator and the head of client experience. We also spoke to one of the owners who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of data and records. This included four people's care records and three people's medication records. We also reviewed a variety of records relating to the management of the service such as quality assurance, training and recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found and spoke to one healthcare professional.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 were protected from avoidable harm. Comments included, "I feel safe with them. [Staff] always lock the key safe when they leave", "I am being well looked after. My carers wouldn't harm me. They are lovely people" and, "I am safe in their hands."
- Staff had received training and understood their responsibilities to protect people from the risk of abuse. One staff member told us, "To me, safeguarding means I should always be mindful of my client's situation. Abuse could be physical emotional or financial. It is also being aware of any unusual marks on a person's body or any changes at all to be honest as it is our job to speak up."
- Staff told us there was an open culture and would not hesitate in raising any concerns they had about their own or other people's safety. Staff were confident any concerns would be investigated thoroughly.
- The provider had a safeguarding and whistleblowing policy in place to manage and respond to any safeguarding concerns. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us, (CQC) where necessary.

Assessing risk, safety monitoring and management

- Risks to people's health had been identified, assessed and monitored to ensure people received safe care and treatment.
- The amount of information in people's care plans to minimise risk's to people varied. For example, one person had a catheter (a flexible tube used to empty the bladder and collect urine in a drainage bag) and this person's care plan contained detailed guidance to enable caregivers to identify and manage the risk's associated with safe catheter care. However, another person had been assessed as at risk of falls and required equipment such as grab rails, a shower chair and a perching stool to keep them safe which had not been reflected in the care plan. This meant some staff may not have had the information they needed to keep people safe. The registered manager took immediate action and updated this person's care plan during our visit.
- Despite this, people told us staff knew how to manage their individual risk's. One person told us, "I use a walker and I have a cushion, both toilets are raised, perch stool. They [staff] know my limitations and they will check the equipment when they come to make sure it's alright. Another person told us, "The carers support me with my walking. If I go to get up, they are there in a shot to help me."
- This was confirmed with staff who knew about people's risks through detailed handovers. One staff member told us, "[Person] can be unsteady on their feet. We encourage [person] to walk slowly and I walk behind with my hand out for reassurance. In the shower there is a shower chair, so we encourage [person] to sit down. It is all done slowly and at their pace."
- The provider gave people information about keeping themselves safe at home such as protecting themselves from scams and 24-hour lifeline services.

Staffing and recruitment

- The provider had a robust recruitment process which prevented unsuitable staff members from working with vulnerable adults. This included all required pre-employment checks such as an enhanced Disclosure and Barring Service [DBS] and satisfactory references. Where some records demonstrated staff members had started working at the service prior to pre-employment checks, this was to complete training and they had not worked directly with people using the service.
- People told us they received a consistent and reliable service and staff always stayed for the amount of time agreed. Comments included, "They arrive when they say they will which gives me peace of mind" and, "They [staff] are hardly ever late. If it's a couple of minutes they will always ring but they are never later than that."
- The recruitment and care co-ordinator used an electronic system to schedule people's care calls. Staff were required to log into their care calls using a secure smart phone application. This meant if a care call had not been logged, a member of the office team could contact the staff member or the person using the service to ensure their staff member was there.
- The provider also offered a 24 hour on-call system for emergency advice when necessary. This included covering any short-term sickness in which the electronic system highlighted other staff members who had worked with an individual to aid continuity for people.

Using medicines safely

- Some people who received support from the service needed support with their medicines. Where this was an identified care need, people told us they received their medication as prescribed. One person told us, "It is important I have the medicines I need at certain times [due to my condition] and I've never had any problems with this not being done."
- Records demonstrated people received their medications as per their individual prescription and checks were in place to ensure any issues were identified and acted upon. However, checks were not always done in a timely way which meant errors may not be identified promptly. Following our inspection visit the registered manager confirmed more frequent and robust checks had been put in place and further improvements were planned with the introduction of an electronic medication administration system within the next 3 months.
- A medication policy was in place and staff had been trained to support people with their medicines safely. This included competency checks to ensure they were administering medication in line with the providers expectations.

Preventing and controlling infection

- Staff understand their role and responsibilities for maintaining high standards of cleanliness and hygiene. One staff member explained, "Good infection control practices are for them and me. It makes sure I don't pass anything on to them as they are vulnerable. We have plenty of gloves and aprons and I always use these when needed."
- People confirmed staff followed good infection control processes and wore personal protective equipment when required.

Learning lessons when things go wrong

- Staff understood their responsibility to report accidents, incidents and near misses where necessary. These were then individually reviewed by the registered manager and action was taken to avoid reoccurrence.
- As the service expands, the registered manager told us they had planned to complete an overall analysis to ensure any patterns and trends were identified and mitigated quickly.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's needs, and preferences had been assessed before they received support from the service. This assessment enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs.
- Although the assessment document did not prompt the assessor to ask questions related to the Equality Act 2010 to consider people's protected characteristics, we saw examples of where people's equality and diversity needs were discussed. The owner told us they were always looking for ways to improve and confirmed this would be added to the assessment document following our inspection visit.
- Information gathered at these assessments were used to develop people's individual care plans. One relative old us, "The management came out first and spoke to us about what we needed as we had been really messed around before. What we said we wanted is what we are getting, so we are really pleased so far."

Staff support: induction, training, skills and experience

- People told us they received care and support from skilled and knowledgeable caregivers. Comments included, "They have the right training to support me. I have a medical condition and they are very aware of that" and, "My carers know everything about me. They are so quick thinking and competent."
- The induction process included a training assessment process where caregivers completed a range of modules to ensure they were able to deliver care in line with the providers expectations. In addition to this, caregivers who were new to care were supported to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received high quality care. At the time of our inspection visit, 50% of staff had completed their Care Certificate and the other 50% were working through this.
- Training was developed around Home Instead Senior Care values and the needs of the people using the service. Specialist dementia training had recently been added to the training programme which had been accredited by City & Guilds. The provider had identified one member of staff had a personal interest in dementia and had provided them with specialist dementia training. This meant they could train other staff in this subject. This staff member told us, "They invested in me to train the dementia training. I really feel a part of the national company and I am looking forward to delivering this training to the whole team."
- Staff spoke very positively about the training they received. One staff told us, "It [training] was good and I feel it helps you provide person centred care to people."
- Staff told us they were supported in their role and had regular opportunities to talk with management. One staff told us, "We do have supervisions which can be useful but if I had any problems I wouldn't wait. It

is an open organisation, so someone is always available to talk to if you need advice."

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

- Care records promoted a healthy and varied diet and included information about people's nutrition and hydration needs and preferences. For example, one person preferred a light breakfast and preferred to sit at the kitchen table to eat this.
- People who required nutritional support told us staff respected their choices and always made sure they had enough to eat and drink. One person told us, "I decide what I eat. I make my own choices. When they leave they always make sure I have a drink, so I don't need to get up again."
- The provider was working with an external company who provided cookery classes to upskill their staff.

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

- Referrals had been made in a timely way to relevant healthcare professionals where this was necessary. One person had recently been referred for a continence assessment due to a change in their needs.
- The provider explained they were passionate about improving health outcomes for people and plans were in place to support a community project with West Midlands Ambulance. This project involved the use of a raiser chair which would be held in the local community to aid people off the floor following a fall. It is hoped this will reduce demand on primary care services.

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.

- People and relatives told us staff requested consent before delivering care. Comments included, "They [staff] are always asking [person's] permission" and, "They always ask if I am happy with the way they are doing things."
- Staff understood the principles of the MCA. One staff member told us, "We have had training on the mental capacity act. We did a whole module during induction about the five keys principles. We always presume people have capacity and even if people don't have capacity, they still have the right to make choices. If they were trying to make an unwise decision such as eating loads of chocolate cake for breakfast. We would try to encourage healthier options, but we can't force them. We would then let the office know as it might be something we need to discuss with a medical professional."
- Where a person's capacity to make a specific decision was in doubt, mental capacity assessments were undertaken, and best interest meetings were held to ensure people had the right support to make decisions. However, it was not always clear who had been involved in the best interests meeting as these had only been signed by the registered manager. The registered manager assured us these meetings had taken place and would ensure these were signed following our visit.
- Where people had a lasting power of attorney (LPA) appointed to assist them in making decisions, copies of these legal agreements had been requested to ensure care was delivered in accordance with any specific instructions or limitations.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were consistently positive about the caring attitude of their allocated staff and told us they were treated with compassion and kindness. Comments included, "I am very satisfied. They [staff] are very kind and caring. Their attitude is very good. They don't really feel like carers, they are more like friends," "They are very good to me. I am happy with them" and, "They are all super. They treat me very, very well. I am more than pleased."
- Staff went out of their way to ensure people were treated with empathy and compassion. One person told us how their staff member handled them in a particularly delicate way when they were experiencing pain. They told us, "[Staff] was just so delicate with me and really cared about making me comfortable."
- Relatives also provided positive feedback about the care their loved one received. One relative told us, "We came back to Home Instead Senior Care and it felt like we were going home. They are absolutely brilliant. They really care about making [person's] life better."
- Staff told us they enjoyed their roles and the difference they made to people's lives. One staff member explained how they had used their dementia training to enhance people's wellbeing. They explained, "One of the people I support played the piano and although they are unable to play now, we still have the power of our imagination. We sat with our eyes closed and moved our fingers as if we were playing. This can regenerate neuropath ways. [Person] started to move their fingers and the look on their face told me it was definitely reconnecting for them, and they were singing in their mind. It was wonderful."
- The provider promoted equality and diversity to ensure the diverse needs of both people and staff were met. This included people's diverse needs related to disability, faith and lifestyle choices. For example, it was important for one person to attend church each week day with their family member. However, on occasions, their family member could not always attend. The staff offered a flexible service and would support this person to attend their church group as they understood how much this meant to them.

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

- People were supported to express their views and were involved in making decisions about their care. One person told us, "They listen to me and respect my way of doing things."
- Staff understood the importance of ensuring people's voice was heard. One staff member told us, "I will always give the choices to them and never assume they want to do anything just because they have done it before. Just because I liked something yesterday doesn't mean I like it today."
- Regular meetings were held with people and where necessary, their relatives, to ensure people could express their views about the care provided. This included a 'quality assurance' visit after their first care call to ensure the person was satisfied with their staff and their care call routine.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and dignity. One person told us, "You can't get any better. My carer treats me with dignity especially I am in the shower. I thought I would feel awkward, but they make me feel completely at ease."
- Staff understood the importance of respecting people's privacy and dignity. One staff member told us, "It is a person's human right to have their privacy respected. Like when helping a person with more personal care we don't automatically go in if they are able to do things for themselves. I let them know I am outside bathroom if they need any help."
- Care records promoted people's right to independence and focussed on what people were able to do for themselves. One staff member told us, "We always take their [people's] lead. Some day's they are more able than others, but we do encourage them to do as much for themselves as they can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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 where appropriate, their families had been involved in developing their care plan and people told us they received personalised care. One person told us, "The package was set up around what I need, and it works for me."
- Each person had a designated team of staff who covered all of their daily calls. Staff were matched and introduced to people based on their individual needs and preferences which meant they could develop friendships. One person told us, "My carer is wonderful. They are just the right person for me. The manager picked her well. You couldn't get a better match." Another person told us, "I like dogs and my carer has dogs, so we have a talk about them."
- Relatives also told us staff respect their loved one's choices. One relative told us, "It is the small things they do that mean a lot. [Person] likes their tea in a tea pot and they do it."
- People's care plans were personalised and provided detailed information to staff on how to support people in the way they preferred. For example, one person preferred two different types of cloths to be used during personal care and this was clearly recorded for staff to follow. One person also told us how their preference for female staff had been respected.

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.

- People's communication needs had been assessed and staff knew how to communicate with people. However, records did not always support this. We discussed this with the registered manager and plans were in place to produce communication support plans for each person using the service.
- The provider understood their responsibilities regarding AIS and told us information could be presented in different formats such as large print, where necessary.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and was given to people when they started to use the service in the providers welcome pack. The policy gave people information about other organisations people could escalate their complaints to if they were not resolved to their satisfaction.
- There had been one complaint recorded since the service was registered. The registered manager had taken action and resolved the complaint to the complainant's satisfaction.
- People told us they knew how to complain but had not needed too. Comments included, "If I had any

concerns I would phone the office" and, "I feel more than happy to ring them [management] but I haven't really needed too. They would listen because they are good listening."

End of life care and support

- Although there was no end of life care being delivered at the time of our visit, the service had provided end of life care since becoming registered with us, CQC. We received positive feedback about the end of life care provided. One person told us, "The reason I am receiving care from Home Instead Senior Care is because supported my family member at the end of their life and they made all the difference to the quality of life they had in their final days."
- A healthcare professional spoke positively about the end of life care provided. They explained, "They were involved with a palliative patient of mine. They came out very quickly to provide the care they needed, and the family gave me positive feedback about them. They said they had the right training to be able to care for my patient."
- People's end of life preferences were not always recorded in their care records. However, the registered manager assured us families and healthcare professionals would be involved where necessary. Plans were in place to record people's end of life wishes following our visit.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider was part of the 'Home Instead Senior Care' franchise and the registered manager told us how they instilled the franchises values into their service. The registered manager explained, "To us, it really is personal. It is about asking the right questions and finding out what the person wants out of the call. It is giving them the ownership to maintain independence and to live well, in their own home."
- The training co-ordinator explained these values are embedded with new staff on the first day of their assessment training where a presentation is given about how to become an 'outstanding caregiver' by providing person centred care. One staff member told us, "At the end of our induction we are read a poem [about a person's experience of dementia] which really does stay with us. It makes us better carers."
- The provider had made a commitment to provide 'caregivers' rather than 'staff' to support their vision and values.
- People and relatives told us the service was well managed. Comments included, "They [managers] are good listeners" and, "They are there when I need them. They always get back to me and they are interested which means a lot."
- Staff were enthusiastic about their roles and told us they felt valued. One staff member explained, "I would recommend a job here to anyone. And in fact, I have done. I am respected, and the manager builds on my skills. They allow us to make suggestions about our clients and they respect we know them best, so they listen to our suggestions."
- The registered manager had introduced incentives to retain a dependable workforce as they recognised people benefited from a consistent staff. Staff had access to a benefit scheme and badges were available to congratulate staff who had achieved important milestones. One staff member told us, "They say thank you and send us lovely messages which makes you feel appreciated." Staff also had access to 24/7 independent, confidential counselling if they needed it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were encouraged to share their views and provide feedback about the service. People were visited regularly in their homes to seek feedback about the care being delivered. Comments included, "They always come out and make sure I am happy" and, "The office staff come out every few weeks and check I am okay and whether anything needs changing".
- People were also asked their views via an independent questionnaire. We saw a high level of satisfaction recorded by people using the service.

- A monthly newsletter had recently been introduced which was sent to people using the service to aid engagement. People were encouraged to be involved in producing the content of these newsletters to ensure it was purposeful.
- The registered manager had started to build links with the local community and had organised a dementia friendly monthly movie event with a local cinema known as 'The Relaxed Cinema'. The event's attendance was growing and was expanding the social network of people using the service. The provider had plans in place to deliver workshops within the local community which focussed on staying safe at home and scams awareness.

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 provider had promoted an open and honest service and led by example. They had provided us (CQC), with notifications about important events and incidents that occurred at the service and the rating of the last inspection was displayed on the provider website and at the office.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager completed regular checks to ensure the service was working in line with the regulations. These included regular checks called 'support visits' where staff were observed to ensure people received high quality compassionate care. One person told us, "The girls from the office come out and do their checks on the caregivers. It is like an inspection."
- The provider was committed to continuously improvements and had a variety of plans in place to drive these improvements. For example, a new 'caregiver experience' role was planned to be introduced to oversee the wellbeing of the staff. A 'Life Journal' had also been introduced for people to record important events and special memories and these were going to be complete for all people using the service.
- The registered manager kept up to date with the latest good practice guidelines by attending local registered managers meetings and receiving regular legislative updates.