

Hearthstone Care Services Limited

# Home Instead Senior Care Stoke Newington

## 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

### About the service

Home Instead Senior Care Stoke Newington is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 6 people receiving personal care from the service.

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

People using the service and relatives told us people were safe and they trusted the care staff. We have made a recommendation about confidentiality to ensure the provider always understands when to share personal information with relatives. Staff knew how to report any concerns in order to safeguard people from potential abuse.

People had person-centred care plans with information about their preferences and plans to mitigate the health risks they faced. Staff knew how to keep people safe in an emergency.

The provider managed people's medicines safely and kept people safe from the risk of the spread of infection.

There were enough staff to meet people's needs and staff were well trained to understand their role. Staff knew people well and were friendly and caring. Staff supported people to eat and drink and have access to healthcare so people got the right support.

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.

There was an open culture at the service. People using the service, relatives and staff knew how to raise concerns if they needed to and felt concerns would be acted upon. There was good management at the service and they communicated well with people and staff. The provider had effective systems in place to monitor the care provided and drive forward improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 7 August 2020 and this is the first inspection.

### Why we inspected

We inspected the service in line with our inspection schedule in order to give the service a rating.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Stoke Newington

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 December 2021 and ended on 9 December 2021. We visited the location's office on 3 December 2021.

#### What we did before inspection

We reviewed information we had received about the service since it registered with the Care Quality Commission. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two members of staff, the registered manager and the care manager. We reviewed a range of records. This included two staff files and quality monitoring documents and a person's care records.

#### After the inspection

We continued to review a range of records, including two more people's care records, training records and audits. We spoke with one person who used the service and four relatives. We spoke with one member of the care staff.

# 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 of 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 were kept safe from the risk of abuse. A person told us, "I very much felt safe with Home Instead. They phone me to check that I'm OK and I've never felt unsafe with the carers being there." A relative said, "I, as [person's] relative, feel very reassured that I can trust any of the carers with [them]."
- The provider had an effective system to record and escalate any allegations of abuse. Staff were well trained to identify the signs of abuse and knew they needed to report them to their manager. A staff member said, "I look out for signs. I always talk to clients and ask how they are. I would report [concerns] to my manager and log them in the digital care plan... If needed I would whistleblow to external agencies, I would follow the policy."

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. The provider had identified people's individual health risks such as falling and skin care. There were plans in place for staff to follow to protect them from these risks.
- Staff knew what to do in a medical emergency. A staff member said, "I would assess the situation first, then call 999. Might have to call 111, depends on the scenario. We do have a policy regarding what to do. We have on call contact with a manager."

Staffing and recruitment

- There were enough staff to meet people's needs. A relative told us, "There are enough staff on hand and the punctuality is excellent and they often work above their allocated time". Relatives told us people's care team were consistent. "We get the same two carers and [person] is settled with them. There are enough staff on hand to answer any queries you have... The carers have been very reliable and there have been no missed calls."
- The provider had a call monitoring system which showed care calls were made on time. A staff member told us, "I've never had any problems travelling from one client to another, I have enough time. They do look at this when they allocate clients. They did ask how long it takes to travel."
- Staff were recruited safely to ensure they were suitable for working with people. The provider had carried out the relevant checks such as obtaining work histories, right to work documentation and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider explained they interviewed potential staff to ensure they embodied the service's values of compassion and enjoyment of providing care before appointing them.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. A relative told us, "The carers are scrupulous with [person's] medication."
- Staff received medicine training and the management team assessed staff competency in administering medicines before staff took on responsibility for the task. Medicine administration records (MAR) were completed accurately and a code to explain why people did not take medicines they had on an as required basis.
- The provider monitored staff's ability to tell if people were in pain or discomfort in order to make sure they received the right medicines to help them.
- The provider audited the MAR monthly so they could address any medicine errors.

#### Preventing and controlling infection

- We were assured by the provider's measures for preventing and controlling the spread of infection. A relative told us, "They have good hygiene standards with protective clothing."
- Staff understood how to use PPE safely and we saw the provider had stocks of PPE available for staff to use. The provider carried out spot checks of staff and monitored their PPE use when they were providing care to ensure the infection control measures were complied with.

#### Learning lessons when things go wrong

- The provider learnt lessons when things went wrong. The provider maintained an accurate record of accidents and incidents and put plans in place to prevent the incident happening again, for example, following a missed care visit.



# 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; 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 MCA 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 provider was working within the principles of the MCA. Staff had received relevant training and understood they could not deprive people of their liberty or choices about their care. A staff member told us, "I would try and encourage them, you can't force anyone to do anything." The registered manager told us that their process follows the MCA and they always start from the presumption of a person's capacity.
- The provider gave examples of gaining people's consent before making health care referrals and the management team checked staff were following the MCA principles during spot checks on performance.
- The provider completed assessments of people's needs before they began to provide care and only accepted new people to the service when they were confident of being able to provide high standards of care. The provider took care to match people to suitable care staff during the assessment process to ensure people received good, compassionate care.
- Where possible, it was the provider's policy to carry out assessments with other health and care professionals so they could understand how best to support people with their needs.

Staff support: induction, training, skills and experience

- Staff had the right skills to carry out their roles. Staff received an induction and period of shadowing with the management team before they started providing care on their own.
- People and relatives told us staff knew how to support them. A person said, "I think the carers know what they are doing and are trained well to support me."
- Staff told us they felt supported to do their role. Staff had completed 95% of the provider's training and

received regular supervisions and team meetings. A staff member said, "Yes, I do, if I don't feel comfortable doing something, then I know [the registered manager] would give me more training."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff knew how to support people to eat and drink. Records showed care staff ensured people had access to fluids when they left to keep people hydrated.
- People's dietary requirements and preferences were recorded in their care records and the provider reported a person's fluctuation in weight to the relevant health and social care professionals involved in the person's care as required. Relatives told us, "They make sure [person's] got something to eat."
- The provider supported people to get access to health care when required. Staff completed body maps and followed healthcare professional's treatment plans to help keep people healthy.
- The provider reviewed the impact of people's treatment plans to assess whether they were offering the right support. A relative gave us an example of how staff were helping their family member's mobility by following their treatment plan.

# 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.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were caring but a person gave an example of when the provider had not promoted their confidentiality as they had shared personal details with a family member which they had not wanted shared.

We recommend the provider seek guidance and support about ensuring people's confidentiality is always maintained.

- People and their relatives told us they had developed friendly relationships with care staff. A person told us, "I think the carers are pleasant to talk to and they usually make me feel better when they leave." A relative said, "The carers are lovely people and easy to get on with. They are really caring and value the needs of my [relative]." A second relative said, "The carer is like an extended family member. [Staff member] is friendly and talkative to my [relative] and [relative] is sad when [staff member] has to go."
- The provider matched people with care staff who were well suited to them. The management team attended the first care call to introduce the person to their new caregiver. The provider followed this up by calling or visiting the person to check how things had gone and whether they were satisfied with the staff member allocated to them. A relative told us, "They are interested in finding the right carer for your needs."
- The provider checked staff promoted people's privacy and dignity in spot checks on their performance. The provider understood how to promote people's diversity and staff treated all people equally and promoted their protected characteristics.
- Records showed that the service had increased someone's independence by consistently meeting their care needs.
- Relatives told us staff went the extra mile to connect with their family members and treat them respectfully. A relative said, "They go over and beyond like even sitting with [person] over a TV programme and discussing it with [person] afterwards and [person] feels much comfort in that." Another relative said, "The carer goes the extra mile sometimes and cleans the house."

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

- Staff supported people to express their views and be involved in making decisions about their day to day lives. Staff told us how they would use sign language for people who could not speak to them or write things down if people preferred to communicate in that way.
- The provider observed staff to ensure they were meeting people's communication needs. Observations included staff speaking and singing to people in their first language, and staff remaining calm and patient

while a person was expressing themselves.

# 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

- The provider had an effective care planning system to ensure people were in control of their care needs. The provider told us they emphasised people's "choices and preferences."
- People were provided with a pre-consultation plan for them to consider and then the care plans were made in consultation with people and their families as appropriate and contained highly descriptive information about people's wishes and how they wanted their care delivered, for example, how they wanted to wash.
- Care plans were regularly reviewed and updated if a person's needs or preferences changed. For example, records showed the service accommodated a change in time of a care call so the person could go to bed at the time of their choice.
- Reviews were recorded and feedback from people and their relatives were positive and that care was being provided in a person-centred manner.
- Staff told us they knew what people wanted. "I would always ask what they like and read their care plan fully. It does say what they used to do and like to do."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were captured in their care records, such as whether the person needed support with their hearing or sight. Staff were monitored to ensure they were communicating with people in line with their needs.
- The provider told us they would be responsive to people's communication needs and would, for example, create easy-read or audio versions of care plans as required.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since they were registered with the Care Quality Commission but told how they would deal with them responsively to improve the service for the person if they did.
- People and relatives told us they had not made a complaint but that they would be listened to if they did.

A person said, "I don't say much to management but If I did, I think they would react positively."

- Staff understood their duty to support people in raising complaints. A staff member said, "I would listen to their complaint if felt they couldn't tell me I would encourage them to speak to a manager or put in writing or send an email. "

End of life care and support

- The service was not providing end of life care to anyone at the time of the service but had processes in place to understand people's wishes if they were to do so in the future.

# 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;

- There was an open culture at the service that achieved good outcomes for people. The provider shared people's daily notes with them and, with consent, their families on an online portal so that the care provided was observable in real time.
- People and relatives told us the leadership of the service was good and they had good communication with the management team. A relative said, "The management have already done an effective job in putting a good care package together for us. I think the office staff have been very committed to finding out what my [family member's] need are." A second relative said, "They are dedicated to support at all times beyond office hours... I would highly recommend Home Instead, because they are very professional at all levels... They are hands on and wonderful."
- Staff morale was high, they thought highly of the management team and enjoyed working at the service. One staff member said, "[The [registered]manager] is lovely." A second staff member said, "[The registered manager] is really friendly, always talking with the clients as well. If I had any issues, I can call any time of day." The provider told us they recognised staff through awards such as a surprise hamper, praise and wellbeing checks.
- There was good team work amongst staff in order to provide good care. A staff member said, "All the staff I've met are lovely. We work well as a team. I have no problems with communication."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 management team and staff understood how to monitor the service to continually improve the care provided to people. A relative told us, "My impressions are very positive from management down to care staff... They have helped over and above their duty that other care services wouldn't do."
- The provider completed a range of audits to check for errors in care delivery and put plans in place to rectify them and try to prevent them happening again. Audits included checks on medicine records, daily notes of care and care plans.
- The management team completed spot checks to assess whether staff were delivering personalised care and meeting people's needs while embodying the service's values.
- The registered manager understood their duty of candour and apologised when things went wrong. A person told us they received an apology when their care call was missed.

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

- The provider engaged with people using the service, their relatives and staff about how the service was run.
- The registered manager told us they had a "learning culture" at the service and welcomed feedback from people. The provider conducted regular monitoring calls to gather people's experiences of the care provided. The provider ensured they contacted people in a manner of their choosing such as going to their homes or making video calls. The comments from people and their families were all positive.
- The provider held regular team meetings and staff told us they were sent the minutes of these if they could not attend so they could catch up.
- Staff felt confident to raise their ideas. A staff member said, "Yes, I always call about any issues I have or anything to change would put in an email."
- The provider was transparent and worked in partnership with other health and social care professionals, such as GPs, district nurses and podiatrists, in order to best support people's needs.