Deeon Limited

Home Instead South Woodham Ferrers

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Home Instead South Woodham Ferrers is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 21 people using the service.

Not everyone who used the service received personal 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 the inspection, there were 4 people receiving support with personal care.

People's experience of using this service and what we found
People were cared for safely by staff who knew them well. However, we found room for improvement in some areas including safeguarding reporting, recruitment and recording of incidents. We have made a recommendation for recruitment.

There were governance processes to monitor the quality of the service. These had not identified all the issues we found; therefore, we were not assured they were effective.

People's relatives and staff spoke positively about the management of the service. One told us, "The manager is always available" and another said "The team manager will always call me to chat…they always follow through with anything we ask for."

Staff received an induction and training to enable them to meet people's needs. Frequent spot checks and competencies were completed, and staff felt supported by the manager.
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 caring and kind. They provided care and support respectfully whilst promoting people's independence. We received positive feedback about the care provided from all the families we spoke with. One said, "I would give them eleven out of ten!"

People's individual needs were assessed, and their preferences recorded to give staff guidance on how they were to be supported. This included details of any identified risks and how these were mitigated.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 26 July 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Home Instead South Woodham Ferrers

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team
The team consisted of 1 inspector and 1 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 houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 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 10 October 2022 and ended on 25 October 2022.

What we did before the inspection
We reviewed information we received about the service and 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 3 relatives of the people who used the service about their experience of the care provided. We spoke with 4 members of staff including the registered manager, care co-ordinator and care workers. We received feedback from 4 staff via email. We reviewed a range of records. This included 1 person's care plan and medication record. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Good

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.

Staffing and recruitment

● We reviewed 3 staff recruitment files. One did not have an up to date photo ID and another did not have a full employment history with references. The registered manager had considered this and documented some of the reasons. After the inspection, the provider sent us up to date photo IDs and further employment history. However, there was no risk assessment relating to the recruitment of a person without sufficient references.

We recommend the service review their recruitment process to ensure checks are completed thoroughly.

● The service had enough staff to meet people's needs. One relative told us, "There are definitely enough staff for what [person] needs at present." Another said, "They are never late, and we have not had any missed calls and they stay the allocated time. They are all excellent and efficient on their timekeeping."
● The manager and care co-ordinator were on-call out of hours and were able to provide care when needed. We were told this was manageable and one member of staff said, "There are times when the management team have had to cover visits, due to a slight lack of staffing, but this has improved and doesn't seem to be an issue now."

Systems and processes to safeguard people from the risk of abuse

● The registered manager understood their responsibilities to protect people. Staff identified and reported safeguarding concerns and we saw actions had been taken as required to keep people safe. However, these concerns had not been reported to the local authority or CQC.
● People felt safe with staff providing their care. One relative told us, "Yes [person] is absolutely safe with them all, we have no problems whatsoever, [person] is just so comfy and safe with them all."

Learning lessons when things go wrong

● The manager told us 2 incidents had occurred; these related to people who had falls. However, we were also sent an 'events list' which included several other incidents. The manager told us this report included anything reported by care workers and those requiring investigation were flagged to the manager.
● Two medication errors had occurred and neither of these were on the event log. We were therefore not assured all incidents were logged correctly. However, action had been taken, including contacting the pharmacy for advice and discussion or additional training for staff involved.
● Staff reported incidents and accidents and were able to give examples. They were in frequent contact with staff at the office who would advise if something happened. One member of staff told us, "…app is updated so we can see what's happened. Would read previous notes before each call. Office would generally ring you to make you aware."

Preventing and controlling infection

● The provider's infection prevention and control policy was dated 2021. The manager told us they followed guidelines and updates published weekly by the provider including those related to COVID-19.

● Staff had received training in infection control practices. Spot checks were undertaken which showed staff were following good practice.

● Staff were provided with Personal protective equipment (PPE) such as gloves, masks and aprons. One relative said, "They always wear gloves when they prepare food and I have seen them washing their hands as well." Another told us "They all follow the correct infection control procedures."

Assessing risk, safety monitoring and management

● Risks associated with people's care and their living environment had been identified and assessed. Staff ensured these were followed. One relative told us, "[Person] uses a walking frame and they are very particular about them using it."

● Staff were able to describe risks to people and how these were managed. There were prompts for staff at each visit, such as checking pressure areas for those at risk of pressure sores. One member of staff said, "The app is really good – prompts everything."

● People and their families were involved with care plan reviews and they were amended as people's needs changed. One relative told us, "Yes I was involved in [person's] care plan at the start and there has been a change whereby [they were] having a shower but they didn't feel that it was safe for them and now has a washdown instead…we all agreed together about that."

Using medicines safely

● Staff supported people to take their medicines safely and as prescribed. One relative told us, "…it's all recorded and monitored and logged and written up in [person's] care plan. It's all given at the correct times."

● Staff had the skills to support people with their medication. They received training and regular competency checks.

Good

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 care plans were detailed and personalised. They provided the necessary information for staff to meet people's needs, in line with current legislation.
- Care plans were reviewed quarterly, or if there was a change in people's care and support needs. We saw review forms were completed with people and their families when changes were agreed.

Staff support: induction, training, skills and experience

- Most staff had completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff induction included shadowing another member of staff. One told us, "[I] had some mentoring with about 4 people before started properly on my own. First session to see that I'm ok using the app and with the client. Then I started."
- Staff were up to date with their mandatory training. One told us, "We all provide very good and safe care, following all of the training that we have been given. The training has been very useful and extensive and leaves me feeling confident to carry out my job correctly and safely."
- Staff had 1-1 meetings with their manager and were given opportunities to develop. Examples included completing the next level of National Vocational Qualification (NVQ) and train the trainer qualification.

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

- People were supported with meals and drinks as required. Staff described how they spent time helping people choose who were reluctant to eat and involved people in preparation where they could.
- Care plans described people's preferences including likes and dislikes and how food was to be presented, such as cutting into small pieces. One relative said, "They prepare such lovely meals."

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

- The service did not make referrals to other organisations very often but were in communication with families if needed. One member of staff told us, "We don't tend to make referrals - the families tend to manage those. We can do it for the family but make them aware first."
- Staff attended various appointments with people. We saw evidence the outcomes of these were shared with relatives via email.

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.

- People's care plans gave details if there was a Lasting Power of Attorney (LPA). An LPA allows an individual to make best interests decisions for and on behalf of a person who lacks capacity to make the decision themselves.
- Staff were not all trained in MCA. The manager told us they were working towards this for all staff and daily visit logs showed staff gaining consent from people before providing care.

Good

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's relatives all told us staff were caring and treated people well. One said, "They are definitely kind and caring towards [person] and treat [them] respectfully, for example it's just by the way they always have a laugh."
- All staff we spoke with told us they would be happy for their families to receive care from the service. They spoke positively about their roles and knew the people they provided care for well. One said, "I feel that all of the care professionals are very carefully selected by the manager and treat the clients as if they are one of their own relations, or a friend."

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

- People's care plans were person-centred. Information was collected about staff to help match them to people with similar interests and enable them to build a good rapport.
- People and their families were actively involved in decisions about their care. A member of staff told us, "I have observed that every effort is made to meet the clients' particular needs and circumstances. Care is also taken in matching the most suitable caregiver for clients". A relative said, "They know me very well and we always discuss anything together and come to a mutual decision."

Respecting and promoting people's privacy, dignity and independence.

- People's care plans described what they were able to do for themselves, ensuring staff only prompted where full support was not required and giving them a choice. For example, one person could wash their own hair but sometimes preferred staff to do it for them.
- People's families told us staff helped promote their independence. One said, "They bake with [person], they play games, they take [person] for walks and feed the squirrels...we want to maintain as many skills as possible."

Good

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 received a personalised care plan based on their assessed needs. In addition to support required, care plans gave details about people's families, interests and anything else of importance to them.
- People and their families were involved in the development and ongoing revisions of care plans. One relative told us, "I was involved in [person's] care assessment and it is all followed correctly, we have regular reviews with Home Instead as [person's] needs are changing and we tweak things, they are really flexible and helpful."

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 care plans included details for staff such as whether they needed glasses for reading/television and to speak loudly and clearly.
- People's families told us staff knew how to communicate with them effectively. One said, "[Person] is deaf but they somehow manage to communicate well with them" Another told us, "They communicate with [person] so well and just seem to know how to talk to them."
- Staff were able to give examples of how they communicated with people appropriately. One told us of a person who did not speak, "A lot of the time I'll say show me, get [person] to point to things…. we go to the fridge, shows me what they want."

Improving care quality in response to complaints or concerns

- The service had received one complaint at the time of our inspection. We discussed it with the manager and found it had been dealt with appropriately. However, the documentation did not make it clear as to whether the complaint had been upheld, what the resolution was or give details of any learning.
- People were given a document relating to complaints at their initial consultation. One relative told us, "I have never had any concerns or complaints but if I did, I would feel happy and confident that it would be resolved properly."

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The registered manager told us they would not accept care packages for people with end of life care

needs until staff had received training; there were plans for this to be implemented.

● The manager would contact other services to provide care for any people currently using the service who developed end of life care needs. They gave us an example where this had occurred and how the family had been supported to understand where the person would receive the best care.

Requires Improvement

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 requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager had identified safeguarding concerns and taken actions. However, none of these concerns had been reported to the local authority or CQC.
- The manager had systems to record and monitor incidents and complaints. However, not all incidents had been recorded, and the outcome and learning from a complaint had not been documented. Therefore, we were not assured the system allowed for robust oversight and learning from incidents and complaints.
- The service had processes to monitor the service; staff spot checks and competency assessments were completed frequently, and audits were completed weekly and quarterly. However, none of the staff checks had identified areas for improvement and the audits had not identified all the issues we found. Therefore, we were not assured they were always effective.
- The electronic system generated various alerts. If a visit had been missed, or if an entry had not been made confirming a person was wearing their pendant, for example, the office team would contact the care worker to check.

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

- Staff felt respected, supported and valued by senior staff. One member of staff told us, "It is a positive working environment and I feel very well supported as an employee and in terms of meeting the clients' needs. I have a very good relationship with my manager and know that I could call her at any time with any queries or concerns."
- Staff felt able to raise concerns with managers. One said, "Yes, I know who to speak to if I have any concerns. When I previously have the office manager is kind enough and always willing to help."
- Staff described positive relationships among the team. One said, "We all help each other. If anyone is worried, they'd go to the office, you can go on shadows there is support every step of the way."

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

- Staff were in frequent contact with the office and encouraged to come in to ensure they all felt like one team. One member of staff said, "…it is a positive working environment and I feel very well supported as an employee and in terms of meeting the clients' needs."
- The service sent out a survey to staff to gather information on employee experience. One member of staff

told us, "We've had at least 2 surveys which we are able to complete anonymously…then we get called in and receive feedback." We saw evidence this was discussed in team meeting minutes.

● People's relatives we spoke with had regular contact with the manager. One told us, "[Manager] is very approachable and easy to talk with." We saw evidence of communication between families and the service via email this included increasing calls as required, updates on health appointments and all were complimentary of the service. One said "…thank you for all you have done we really appreciate it. It's nice to have your support and guidance."

● There was little evidence of the service working with other organisations. However, we saw in visit logs a care worker had noted a person struggling with their nails; a chiropodist had since been arranged. The service was in frequent contact with families to update them on appointments or inform of concerns.

Continuous learning and improving care;

● The registered manager aimed for the service to grow in a sustainable and safe manner. They maintained the service at a manageable size whilst working towards recruiting more staff to expand. They told us, "Attracting more of the right type of care worker takes time. I know we will get there but it may take a bit longer."

● The manager had identified dementia training as a priority for all staff to complete, as most people they supported were living with dementia. There were further plans to implement end of life care training to enable them to support with this, if the need arose.

● Staff were given the opportunity to put forward suggestions for the service. For example, one member of staff told us they had shared ideas on indoor activities for people as the winter months approach and they are less able to go out.