

BCT Care Services Ltd

# Home Instead Senior Care

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Home Instead Senior Care on 28 October and 2, 3 and 4 November 2016. We gave the provider 48 hours notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available.

This was the first inspection of the service since the provider registered with the Care Quality Commission in November 2014.

Home Instead Senior Care is a domiciliary care agency which provides care services to people in their own homes. When we visited the office the registered manager told us 12 people were receiving a personal care service. The agency provides a service to adults, older people, people living with dementia, people with physical disabilities, learning disabilities, sensory impairment and people with mental health needs.

The registered manager left the service in July 2016. The nominated individual for the Company has taken over as manager of the service and has submitted an application to register as the manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with was unanimous in their praise of the staff who were described as exceptionally kind, caring and compassionate. People and relatives told us they had regular care staff who always arrived at the agreed time and stayed the full length of the call. They said staff were patient and never rushed allowing people to do things at their own pace. Care staff were introduced to new clients by the manager who shadowed them on their calls until the staff member felt confident to work alone.

Health and social care professionals we spoke with said they thought the service was very good. They described the care as very person-centred and said staff reported any issues promptly and always acted on advice they had given. They said communication between all staff was very good.

Our discussions with staff showed they knew people well. We found recruitment processes were robust and staff told us the induction and shadowing they received was comprehensive and prepared them for their roles. We saw staff received the training and support they required to meet people's needs.

Staff had a good understanding of safeguarding and whistleblowing. There had been one safeguarding incident which had been reported and dealt with appropriately.

Medicines management was safe which helped ensure people received their medicines as prescribed.

People's care records provided detailed information about their needs and focussed on what people could

do for themselves as well as the support they required from staff. Risk assessments showed any identified risks had been assessed and mitigated. We saw people had been involved in the care planning process and reviews. There was full information about people's lives which included important relationships, life history and any interests, likes and dislikes. People's nutritional needs were met.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. We saw complaints received had been dealt with appropriately.

There were policies and procedures in place in relation to the Mental Capacity Act 2005. The manager had completed training and knew the procedures to follow.

People, relatives and staff spoke highly of the manager and the way the service was run. They told us communication was excellent and said the manager was committed to continually improving the service to make it the best it could be for the people who used it. The manager was described as inspirational and provided strong and supportive leadership. Relatives and staff all said they had and would recommend the service to other people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Medicines management was safe and records showed people were receiving their medicines as prescribed.

Staff recruitment processes were robust which meant staff's suitability to work in the care service had been assured. There were enough staff to meet people's needs and they were organised in a way that ensured people received their calls on time and for the correct duration.

Safeguarding incidents were recognised, reported and dealt with appropriately.

Risks to people's health, safety and welfare were properly assessed and mitigated.

### Is the service effective?

Good ●

The service was effective.

Staff had received the training and support they required for their job role and to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People and relatives told us staff were exceptionally kind and caring. Significant thought and care was taken in matching staff to people to ensure they were supported by staff they liked and who shared common interests.

People's privacy and dignity was consistently respected and

maintained by staff.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and care plans were person-centred and reflected people's needs and preferences.

A complaints procedure was in place and complaints were taken seriously and dealt with appropriately.

### Is the service well-led?

Good ●

The service was well-led.

Systems to assess, monitor and improve the quality of the service were effective.

There was an open and inclusive culture led by the manager and endorsed by the staff who were eager, willing and committed to continually improving the service for people.

# Home Instead Senior Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 28 October and 2, 3 and 4 November 2016. The inspection was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by 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.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During the visit to the agency office we looked at the care records of four people who used the service, two staff recruitment files, training records and other records relating to the day to day running of the service.

During the visit to the office we spoke with the manager, a care co-ordinator and a senior care staff member. The expert by experience carried out telephone interviews with five people who used the service and seven relatives on 28 October 2016. The inspector also spoke with four care staff members on 3 November and another care staff member and two health and social care professionals on 4 November 2016.

# Is the service safe?

## Our findings

In discussions we had with people who used the service and their relatives they confirmed they felt safe with the care staff who visited them and with the service they provided. One relative who lived some distance from their family member said they felt, "Very reassured by the care [their relative] received."

We found there were sufficient staff to meet people's needs and preferences. The manager told us all calls provided were for a minimum of one hour. We reviewed the systems in place to schedule calls, to monitor that they had been completed and to ensure staff had stayed the correct length of time and found these were robust. We saw staff logged in their arrival and departure times and the system alerted office staff if the care staff member had not logged in 10 minutes after they were due to attend. Staff we spoke with confirmed these systems worked well. Staff told us there was sufficient time planned between calls to allow them to travel safely and arrive on time. They said they were given enough time to provide the care and support needed on each call without rushing. One staff member said, "It's well planned (travelling between calls). We're not rushing to finish one call and attend another." Another staff member said, "The call times are long enough and if they weren't we would say and something would be done. We're never rushed, if we have to stay over a bit we do. It means we can give (people) all the time they need." People and relatives praised the reliability of the service and said they always knew which staff were coming and they always turned up on time.

Robust recruitment procedures were in place which helped to ensure staff were suitable to work within the care service. This included obtaining a criminal record check through the Disclosure and Barring Service (DBS) and written references before staff commenced work. The manager told us a minimum of four references were obtained for each applicant which always included the last employer. Comprehensive interview questions included scenarios which staff may encounter during the course of their duties to test the applicant's abilities and interview notes recorded their responses. We reviewed two staff files and saw these procedures had been followed in both cases. The manager told us they had received over 480 job applications but had taken on only a small number of staff as they were very selective in ensuring any prospective staff had the right skills and attributes to match the needs of their clients. Staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

The service had safeguarding and whistleblowing procedures in place. Our discussions with the manager and staff showed they had a good understanding of these procedures and knew how to identify and act on any concerns. The manager told us they were booked on the safeguarding for managers course with the Local Authority in December 2016 and would then be completing the safeguarding train the trainers course. Staff had received safeguarding training and there were systems in place to ensure this was regularly updated. There had been one safeguarding incident since the service registered. We saw this had been referred to the local safeguarding team and notified to us as required. Records showed the incident had been investigated and dealt with appropriately and action had been taken to prevent a reoccurrence.

We saw clear procedures were in place for the reporting of accidents and incidents and records we reviewed

showed these were being followed. Accident and incident reports were well completed and showed appropriate action had been taken by staff to keep people safe.

Care records we reviewed included detailed environmental risk assessments in relation to people's homes which showed how these risk were managed and mitigated to ensure the safety of the individual and staff. Individual risk assessments were also in place which included areas such as moving and handling, physical and mental health care needs, falls and nutrition/hydration. Action had been taken to mitigate any risks which had been identified.

There were detailed policies and procedures relating to the safe management of medicines for people in their own homes which provided guidance to staff on their roles and responsibilities. The manager told us all staff had completed medicines training and had their competency assessed. This was confirmed in our discussions with staff and evidenced in the training matrix and staff files we reviewed.

People told us they received their medicines when they needed them. Medicine administration records (MARS) we reviewed were well completed. The MAR listed the individual medicines contained in the blister pack and included the dosage and frequency of administration, as well as any special instructions. For example, one person was prescribed a medicine which meant they could not drink grapefruit juice and the medicine had to be swallowed whole. This was clearly stated on the MAR. Where creams were prescribed the MAR showed where these were to be applied and how often. The MARs were signed by staff to show the medicines had been administered and there were no gaps. Where codes were used there was an explanation recorded to explain the reason.

## Is the service effective?

### Our findings

People using the service and relatives told us they thought staff were well trained and had the right skills and experience to provide them with care and support. One relative said, "They're well trained and very professional."

The manager told us all staff received a full induction before they started working at the service which was based on the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they needed to provide safe and compassionate care. The manager told us all staff had a period of shadowing when they began work which was tailored to individual requirements. We spoke with a member of staff who had had no previous care experience when they started work at the agency. They told us their induction training had been very good and covered everything they needed to know. They said once this had been completed they were introduced to people and 'shadowed' a senior staff member on calls to each person. They said this had helped them develop a rapport with people and they had been able to continue shadowing until they felt confident enough to work on their own. We saw evidence of staff induction and the shadowing staff had completed in the staff files we reviewed.

Staff spoke highly of the training they received which they said was comprehensive and kept up to date. We saw all staff had completed training which included moving and handling, dementia care, learning disability and mental health care, the ageing process, basic life support, safeguarding adults and children, control of infection, food hygiene, equality, diversity and human rights, management of medicines and Mental Capacity Act. The manager told us specialist training was also provided to meet the needs of people using the service. For example, they had arranged a date for the palliative care team to provide training for staff in end of life care. Staff said they were encouraged to develop their careers and pursue national qualifications in care.

Staff told us they felt well supported in their roles and confirmed they received regular supervision. Those staff who had worked at the service for over a year told us they had received an annual appraisal. We saw evidence of these records in the staff files we reviewed.

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. In the case of Domiciliary Care applications must be made to the Court of Protection.

People's care records showed if friends or relatives had lasting power of attorney either for financial or health and care decisions. A lasting power of attorney (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no

longer wish to make decisions for yourself. The manager had a good understanding of the MCA and of their responsibilities under the Act. They had identified areas in which the recording of consent and best interest decisions could be improved and had an action plan in place to address these by the end of December 2016.

Staff told us they supported some people with their meals. We saw care plans contained detailed information about the types of food and drinks people preferred as well as any dislikes. We saw this included any particular information about where the person liked to have their meals. For example, one person's care plan showed they liked to sit at the table for their meals. Daily records showed people had been supplied with the food and drinks they wanted.

People were actively supported to access healthcare services as and when required. The health and social care professionals we spoke with told us staff were very good at communicating with them and reported any issues to them appropriately and quickly. They said staff could be trusted and acted upon advice they had given.

## Is the service caring?

### Our findings

People we spoke with were unanimous in their praise of the service and spoke of the exceptional kindness and compassion of staff. One person said, "I can't speak too highly of them. They're an absolutely fantastic organisation, head and shoulders above anyone else." Another person said, "I would recommend my carers to Prince Philip and the Queen. It's an amazing service." A further person described the care staff who visited them as, "Very nice people and smashing carers."

Relatives were equally effusive in the comments they made to us which included; "They go beyond the call of duty. Staff are conscientious and kind and have the love and time to look after [relative]. They give her quality of life and even left flowers on her birthday." "Carers are matched to my [relative], they're friends. She has a good relationship with them. They're never rushing and really do care." "We're more than happy with the care provided, it's excellent. Staff are kind and very helpful. They go above and beyond." "Exceptional Company. Everyone sent [care staff] is very high standard and really caring. I would be very happy if they moved in."

Health and social care professionals we spoke with described the service as 'very good'. They said the ethos was very person-centred and staff were very conscientious. They told us one of the people they visited had told them they felt as if they were living in a hotel when the care staff visited as they were such lovely people. They told us in the care files kept in people's homes there were photographs of the staff who attended which helped people remember and recognise staff.

Staff displayed exceptional empathy and compassion when they spoke with us about the people they supported. All of them told us the reason they loved their jobs was because they were able to make a difference to people's lives. One staff member said, "I've worked in three nursing homes and have a lot of experience of care and what we provide here blows them out of the water. It's way above the best. It makes me feel proud. We're able to give people all the time they need." Another staff member, "I feel I'm doing something important for people. We don't have to rush and can develop that bond with them. It's special." Another staff member said, "I really love my job. Everything is about the client just as it should be and we are given the time to get to know them properly." We saw from one person's care records there had been an occasion when staff were accompanying them to attend a group activity they usually enjoyed. The person had become upset and confused and the staff member had handled the situation with great respect, compassion and understanding. With words of comfort and reassurance and a hug from the staff member the person felt able to attend and subsequently enjoyed the activity.

We found people received consistently high standards of care and support from a small group of regular care staff. The manager and staff knew people well as individuals and were able to tell us about their wishes and preferences in a way that showed it was clear people mattered. We found very detailed information in people's care files about their past lives and experiences, likes, dislikes and preferences.

Special consideration and a great deal of thought was taken in matching care staff to people who used the service to make sure relationships would be beneficial to the individual. The manager described the

different attributes and interests of staff and how she had used this knowledge in the matching process. For example, she told us about one person who loved steam trains and a care staff member with the same interest was matched to them. That mutual interest had culminated in the staff member taking the person on a steam train ride which had made them very happy. A staff member told us how they had previously worked in the Forces and had been matched to a person who had had the same career and said this had created a bond between them. Another staff member with extensive experience in dementia care had been matched to a person living with dementia.

We saw people's religious and cultural needs were considered and respected. For example, there was detailed information about one person's religious belief and the importance this played in their daily life.

Staff told us they were always introduced to people before they provided any service and this included shadowing with the manager on the first call to make sure they understood what was required. Staff told us if they felt more shadowing was required then this was provided. They said this helped ensure both they and the person using the service felt confident. Courtesy calls were made to the client after the new staff member had worked their first call alone to check that they were happy with the staff member. This showed the service took into account people's feelings and made sure the staff were compatible and made a positive impact on the person. Records of these calls showed people were very happy with the staff. For example, one relative wrote, "(Staff member) brilliant, really good, dad enjoyed their company. Has given me confidence, another really good match."

Our discussions with staff showed they promoted people's independence and focussed on their strengths. Staff said the minimum hour call time allowed them to support people to do things at their own pace without rushing. One staff member told us how important this was for one person they visited who became anxious if they were rushed. They said they had time to support the person with washing and dressing and were then able to sit with them and their family and have a cup of tea before leaving. We spoke with the relative of this person who was very happy with the care provided which they said was of a 'very high standard'.

We saw care plans included how people's privacy and dignity was to be maintained. Staff were able to describe how they did this in practice. For example, one staff member told us how it was important for one person that they had their underwear close to hand when they came out of the shower as they liked to put this on as soon as they were dry and before going into their bedroom to put on the rest of their clothes. This showed staff acknowledged and respected people's feelings and made sure the support they provided was tailored to meet the person's preferences.

## Is the service responsive?

### Our findings

People and relatives we spoke with were very satisfied with the care and support provided. One relative said, "I'm very reassured by the care [my relative] receives." Another relative said, "I can't speak too highly of the care supplied. I would recommend them to anyone. They're absolutely brilliant." The health and social care professionals we spoke with told us they thought the service was very responsive to people's needs.

The manager told us before a service started they visited the person and discussed their needs with them and any relatives or friends the person wished to be present. These discussions included preferred call times. The manager told us if they were unable to accommodate the person's needs or preferences then they were open and transparent about this. Care records we reviewed contained the initial assessment of needs undertaken at these visits. We saw service agreements detailed the time, duration and frequency of calls and the type of support required.

We saw people had been involved in formulating their care plans and these provided detailed information about what the person could do for themselves as well as the support required from staff. This showed staff focussed on enabling people to maintain as much independence as possible. For example, one person's care plan described which parts of their body they could wash themselves and which areas they wanted staff to wash. Another person's plan provided comprehensive information about how dementia affected their communication and what the different words and non-verbal signs the person used meant. For each person there was a full account about their usual daily routine which provided valuable information about the person.

We saw daily records completed by staff confirmed care was being provided as detailed in the care plan and staff were staying the full length of the call time. One person's care package had recently increased and the manager told us they were in the process of updating their care plan.

People and relatives we spoke with raised no concerns about the service. They told us they knew how to make a complaint and felt confident it would be dealt with. One relative told us they had raised a concern in the past and said it had been resolved satisfactorily by the manager. A copy of the complaint procedure was provided in the care files in people's own homes. The manager told us they always asked people in reviews if they had any concerns and reminded them of how they could raise a complaint and about who they could contact if their complaint was about them.

We looked at the complaint records and saw five had been received this year. The records clearly showed any expression of dissatisfaction, including minor concerns, was dealt with as a complaint. The records showed the investigation undertaken, how the complaint was resolved and how the outcome had been relayed to the complainant. This showed the complaints had been taken seriously and were dealt with appropriately.

## Is the service well-led?

### Our findings

Everyone we spoke with, which included people, relatives, staff and health and social care professionals involved in people's care, was unanimous in their praise of how the service was managed. One person said, "I've had other companies and this is so much better. Communication is superb and I can contact them at any time." A relative said, "We've been using them for about a year after doing a lot of research. Communication is excellent as is the office support." Another relative said, "They communicate brilliantly. If there's any changes they inform you from all sides including texting."

Staff told us they were proud to work at the agency and loved their jobs. All the staff we spoke with said they would have no hesitation in recommending the agency as a place to work and several said they had already done so. They also said they would definitely recommend the care service as it passed the 'Mum's test' and they would be happy for their relatives to receive care from the agency.

The director of the agency had taken over as manager in July 2016 and staff told us this had made a huge difference and had improved the service for everyone. Staff described the manager as inspirational and told us she led by example. These were some of the comments made about the manager. "It's much better since [the manager] took over. It's more personalised and professional. We've got a good team ethos now." "She never criticises and does things in a very positive way. She's given me the confidence to do things I didn't think I'd be able to do." "I'm more supported here than I've been in any other job. She is very caring and committed and goes the extra mile for clients and staff." "She is amazing. Couldn't ask for a better boss." "She makes you feel at ease, a lovely person. She's very complimentary and appreciative, makes you feel valued."

We found there was a positive, open and inclusive culture which was promoted by all staff. The service was continually striving to improve and encouraged staff to be the best they could be. The manager told us the Home Instead national office had a national caregivers award which was presented to care staff who had excelled. The manager said she wanted to reward staff at a local level and showed us a 'Wheel of Appreciation' which she was in the process of implementing that acknowledged staff who had gone the extra mile and offered a variety of gifts as thanks. She had also arranged a complimentary lunch buffet to take place on 4 November 2016 as a thank you to all staff.

The manager told us when they had taken over the management of the agency they had identified areas where improvements were needed. We saw action plans were in place which showed many of these had already been addressed and those remaining were due to be completed in the next couple of months.

Quality assurance systems were in place to monitor the quality of service being delivered. These included monthly reviews of care plans, daily records and medication administration records. We saw these records were detailed and highlighted any issues found, showed the actions to be taken to resolve them, who was responsible and the timescales for completion. We saw follow up checks had been carried out to make sure the action had been completed.

We saw regular checks were carried out to ensure high standards of care was maintained. This included spot checks where practices were observed, supervision and appraisals. We saw evidence of group supervision where care staff supporting a named person came together to discuss the person's care, shared best practice and considered if there were any areas that could be improved.

The manager told us they were supported by the national office who provided guidance and carried out audits in relation to the business and the care and quality of the service. We saw a recent audit of care and quality had been carried out in October 2016 which gave positive feedback and advice as to how further improvements could be made.

Monthly audits looked at complaints, compliments, accidents and incidents. We saw the audits considered themes and trends and actions had been taken to share learning. For example, all staff completed scam awareness training following an incident where a person was the victim of a scam. We saw the lessons learnt from a safeguarding incident had been shared with staff at a team meeting.

We saw numerous compliments had been received about the service. The most recent received in October 2016 stated, "Just wanted to confirm how much we appreciate you, our carers and office staff. [My relative] has told me what a godsend [name of care staff member] was...super companion, looking after [relative] so well. Can't imagine how I would manage without back up I receive from Home Instead."

Annual satisfaction surveys were sent out to people who used the service and staff by an external agency who collated the results. We saw the results of the latest surveys which were reviewed in October 2016 were overwhelmingly positive. This is a sample of the comments received, "[Manager] is amazing. Not only has she supported my [relative] but has got me through a very stressful time for which I am eternally grateful." "Home Instead have given me complete peace of mind. My [relatives] have been treated with the utmost care and respect and the attention to detail is amazing. The perfect home care service."

We saw as a result of some feedback in the staff survey the manager and office staff had set up social gatherings for staff to come together and introduced regular welfare calls to check staff were okay and not feeling isolated. A monthly newsletter had been introduced for staff providing updates on work and social events as well as reminders about best practice. Regular team meetings were also held every two months.