

Home Instead UK Limited

# Home Instead UK Ltd

## Inspection report

Unit 2, Hartford Business Centre  
Chester Road, Hartford  
Northwich  
Cheshire  
CW8 2AB

Tel: 01606800101

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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

Home Instead is a domiciliary care service that provides care and support to people within their own homes. Home Instead is owned by Home Instead UK limited. The office is situated in Hartford near Northwich and is centrally located for the service.

On the days of this inspection there were 74 people using the service.

At the last inspection on 12 March and 9 April 2015 the service was rated Good. At this inspection we found the service remained Good.

There was not a registered manager in place at this service. A new manager had been appointed and had applied to be registered with the Care Quality Commission. 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.

People told us they were very happy with the service provided and that the staff were caring, kind and friendly. People said "It's all going well, I am happy", "The staff treat me nicely", "The staff are absolutely wonderful" and "The staff do everything for me".

Staff told us they enjoyed working at the service and providing support to people who used the service. They said they were supported by the office and management team and they appreciated on call support that was available to them.

Care plans were well documented and up to date. They gave clear guidance to the staff team. Risk assessments were undertaken for a variety of tasks which included moving and handling, falls and the environment. These were reviewed regularly and up to date. The management of medication was safe.

Staff were aware of how to report a safeguarding concern. They were aware of the policies and procedures available to safeguard people from harm and told us they would not hesitate to report any concerns.

Staff had received a range of training that included moving and handling, safeguarding, medication and fire awareness. A range of other training was available to the staff team. Staff told us that the training was good. Staff had access to supervision sessions, annual appraisals and were invited to attend regular staff meetings.

Staff recruitment files showed that robust recruitment processes were in place. Staff attended an induction process prior to working alone. Staff told us that they worked alongside an experienced staff member before going it alone. They confirmed the induction process was good and that they had the information they needed to perform their role.

People had access to information about the service. They said that they knew the information was in their care folder and some people had read this. Other people said they were not bothered about the folder but knew the information was available. An initial visit was undertaken by one of the management team prior to the service starting.

A complaints policy was available and each person had this information within the care folder. Processes were in place to deal with any complaints received.

Quality assurance processes were in place which included observations of staff to ensure that care and support standards were being maintained and reviews of people's care. Audits were undertaken in relation to the service provided and these monitored the services safety and effectiveness.

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

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Home Instead UK Ltd

## 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 checked whether the provider was 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.

This comprehensive inspection took place on 31 May and 1 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support the inspection process.

The inspection team consisted of one adult social care 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. The expert by experience had knowledge and expertise of caring for people with dementia and people who used regulated services. The expert by experience spoke with people who used the service and family members prior to the inspection.

We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law. □

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

On the days of our inspection we spoke with 11 people who used the service and two family members prior to the inspection and during the inspection we spoke with the general manager (nominated individual) and four staff members. We also visited three people at their own homes to gather their views of the service provided.

We looked at a selection of records. This included five people's care and support records, four staff recruitment files, staff duty rotas, medication administration and storage, quality assurance audits,

complaints and compliments information, policies and procedures and other records relating to the management of the service.

# Is the service safe?

## Our findings

People and family members told us that they felt safe when being supported by the staff. They confirmed they knew who to contact if they had any concerns. Comments included "I think they are brilliant, excellent, absolutely excellent", "I feel she is safe with them and I would refer to the office as first port of call (if there was a problem)", "I feel very safe", "Very safe, if he didn't they wouldn't be coming" and "Very safe, they treat me nicely."

Staff told us what it meant to safeguard someone and they understood the process to be undertaken and how to recognise signs of abuse. One staff member said "I would look for someone who may be anxious, unusual bruising or maybe if they appeared fearful in front on someone else. I would report it to the office or the safeguarding team". Staff had received training about how to keep people safe. The general manager stated that a copy of the local authority's policy and procedure on safeguarding adults and copies of the registered providers policies and procedures on safeguarding vulnerable adults and whistle blowing were available to the staff team. Staff told us they knew what whistle blowing meant and that they had contact details to use if they had any concerns. One staff member told us that if they saw someone treating a person badly they would either contact the manager, the general manager or the national office.

Medicines were managed safely. Some people told us they were supported with their medication needs. They said "It's in a blister pack", "No medication support, Mum does this herself at the moment", "It comes in a blister pack, they take them out, they write in the book" and "I do my own medication, they do it when they come. They always make sure it is put on the side and put down in the book what they've given me." We looked at the Medication Administration Record (MAR) sheets in people's homes and saw they were fully completed. Staff also indicated on the client activity log when medication had been administered. Staff told us they had an annual medication competency check and records confirmed these were up to date.

Detailed risk assessments were in place for people who used Home Instead. These were completed for a range of risks including moving and handling, needs, medication, personal care and the environment. The environmental risk assessment looked at safety within the person's property and ensured it was a safe place for both the person who used the service and the staff member to work in. Assessments were up to date and reflected people's current needs. This meant that staff had the information they needed to manage people's identified risks.

Staff recruitment was safe and robust. We saw that staff files were well presented and included application forms, recruitment questions and answers, two references and a Disclosure and Barring Service (DBS) check. DBS checks were undertaken by registered providers to ensure staff were of suitable character to work at the home. Where people used their own transport for work purposes the registered provider had ensured they had an up to date certificate of motor insurance and that the vehicle was well maintained.

People told us that calls were never missed. Comments included "No, I've always known", "Maybe one a long time ago, something had happened. I don't have to think are Home Instead going to turn up?", "No never, no missed calls" and "No, I don't think so". We looked at the staffing rotas and saw that sufficient staff

were employed to cover the hours required to meet people's needs.

People said that they had visits at times they preferred and that they knew the staff that would be supporting them. Some people received a rota of which staff would be arriving at each session, other people said they didn't need one. Comments included "Times of visits are perfect thank you", "I always know who is coming", "I'm always told if they are going to be late, the office call", "The rota is adhered to and I can't think of it not being, if it is it's exceptional", "No rota, I know what time they're coming. They are very regular and with times" and "It's usually the same carer and the same time 1pm till 2pm. They don't rush off."

People said that all the tasks required were completed and staff supported them well. Comments included "Oh yes and they look after my husband as well, at the moment they are filling in the books and making him a cup of tea", "They have a look around the kitchen, look around as he is partially sighted and he spills things, they clean up for us", "We get on really well, it's like having a friend", "[Staff] stay as long as is necessary", "I'm not terribly disabled I can do things myself, they [Home Instead] won't let people come for less than an hour, they fill in the hour. I can't really complain" and "[Staff] always do stay the length of time and they completed all the tasks. Yes anything I want". Records confirmed that staff stayed the allocated times, that the times were ones they preferred and that calls were not missed.

On discussion with the general manager we noted that a few people would be unable to get out of their homes in the event of an emergency such as a fire. We discussed the use of Personal Emergency Evacuation Plans (PEEPs) in these cases and the general manager agreed it would be a good idea, so that staff were highlighted to the support people would need. Following the inspection the general manager designed a suitable PEEP for people deemed at high risk and implemented it within the service.

# Is the service effective?

## Our findings

People who used the service and family members told us that the service was effective and that their care and support needs were met. They confirmed that they were given choices on how their care package was delivered and that the timings calls suited them. Comments included "They are absolutely wonderful", "I am able to make my own decisions", "The staff do everything for me" and "They are very helpful".

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The general manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005. Staff said they had received training in mental capacity awareness within their induction. Staff told us "We need to make sure that people are safe", "I would report any changes or concerns I had" and "I would look to see if the person was anxious or had unexplained bruising".

People told us that usually they or their family members contacted healthcare professionals such as the GP when needed. However, they felt that if they needed support the staff would help them. People said "They always ask me first thing, How are we this morning" and "[Staff] would notice if I wasn't well". A relative told us "They take [Name] to the eye specialist. [Staff] takes them and this works well". People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs.

People were supported with the purchasing of food and preparation of meals where detailed in their care plans. People said "[Staff] is a superb cook, they have a generous heart. They will cook alternatives if I don't want a ready meal", "Staff provide options with willingness if I don't want the meals provided by a company I use" and "As long as I decide on the menu they help me. They do anything reasonable that I want". Care plans detailed how to support people with nutrition and hydration. Details of meals eaten were recorded in the daily notes. Staff told us they were aware of people's preferences and that information regarding this was noted in the care plan.

People and family members told us they thought the staff were experienced and were trained for their role. Staff told us that they received the training and support they needed to carry out their role. Records showed that staff undertook a range of training. The registered provider used a computer based system to log all training undertaken and this highlighted to the staff when further updates were due. Training included

moving and handling, medication awareness, safeguarding, the ageing process, client safety and building relationships. Staff said that they had undertaken the registered providers' mandatory and refresher training as needed. A range of other training was available to meet the specific needs of people such as end of life care, CPR, awareness of dementia and mental health. This meant that staff had access to courses which people who used the service may have.

Staff attended an induction programme at the start of their employment. One staff member told us about their experience. They said that the induction gave them enough information to undertake their role and that they also shadowed an experienced staff member as well. The induction included a three day programme and staff were enrolled for the Skills for Care – Care Certificate. The care certificate is the start of the career journey for staff and is only one element of the training and education that will make them ready to practice. On completion of the induction process a certificate was seen on staff files. Each staff member had a copy of the employee handbook which included a wide range of information about the company, terms and conditions and a range of policies and procedures. Staff also received a copy of the 'CareGIVER manual' which gave staff further information about their role including key policies and procedures. CareGIVER is the term Home Instead used for members of the care staff team.

Staff told us they received regular supervision sessions and annual appraisals. They said "I have regular supervision sessions", "I can speak to the manager or general manager as needed" and "We have supervision sessions, spot checks and assessments". Supervision sessions usually occurred every three months and records showed these were up to date. Spot checks were completed throughout the year and records confirmed these were up to date. Staff were also invited and encouraged to attend staff meetings. Staff told us that they usually attended the meetings and they found them informative and could contribute if they wanted to. Records indicated meetings were held on a regular basis. This meant that staff had access to a range of support to assist them in their role.

# Is the service caring?

## Our findings

People and family members told us that staff were very caring, kind and good. They said staff supported them well with their needs. People said "They are very kind and delightful company to me", "Staff are friendly and chatty", "We have a lovely time together", "They are all very good, solicitous and kind" and "Staff are very kind and very discreet".

People told us that staff treated them with dignity and respect. They said "I have a shower twice a week, and it's done beautifully", "In every way they can, they always keep me covered up" and "I wouldn't have dreamed of getting undressed. I'm not a bit worried. I don't feel self-conscious, it's very nice, and I feel comfortable with the staff". Staff explained how they would support people and ensure that their privacy and dignity was maintained. They said they would talk to the person letting them know what they were about to do. They would make sure doors and curtains were closed and that when supporting a person with personal care they would cover parts of the body with a towel to help maintain the person's dignity. One staff member explained "I help one person who is very forgetful, so I remind them of what they need to do next. Also I ensure that their relative is not in the room with us." Another staff member said "I ask the person's permission before I do anything and talk to them all the time I am helping them".

Staff described people's individual situations and how they supported each person with care and support that was centred on their needs and wishes. From discussions we saw that staff were very knowledgeable about the people they supported and that time had been taken to get to know the client and their preferences. People told us "Staff know me very well", "I have regular staff. Personable, nice people", "I would say everyone that comes at the moment are all very nice" and "They do indeed know me well and they don't seem to gossip or talk about other clients". This meant that the service provided individual care and support to people who used the service helped to ensure that person's needs and wishes were maintained.

People had access to information about the service. At the beginning of the service people received a client journal which contained a copy of the statement of purpose which included a wide range of useful information about the service. This included details of the manager and registered provider and information about the aims and objectives of the agency; services provided; and information on how to make a complaint. Copies were seen during our visits to people who used the service.

We saw the service had received a range of compliments which were logged onto a database and shared with relevant staff members. Comments included "Thanks for looking after mum so kindly and patiently", "Thank you for the excellent service you are providing for dad", "Thank you for the dedication and skills of the staff which is very much appreciated", "Thank you for the excellent service I have received. I have been particularly impressed with the way in which you match client and carer".

## Is the service responsive?

### Our findings

People and family members told us that the service was responsive to their needs. That staff supported them with the care and support needs well and staff listened to them and supported them to remain as independent as possible. Comments included "The staff are very kind and friendly", "I have no problems", "The staff are very good" and "The staff do a great job".

People told us about how the staff supported them to remain as independent as possible and to maintain their social activities and be supported out and about in the community. One person told us that they were supported to go shopping but sometimes the staff went on their own if the person didn't feel like going. They said "If the staff go shopping, they use a receipt book, they're very careful about money." Another person said "They take me to my hairdressers, and that went well". Some people told us that they didn't need support to remain independent and that they used a taxi or dial-a-ride to get out and about or relatives and friends would take them out. This meant that people were supported to remain as independent as possible, follow their interests, take part in social activities and helped avoid social isolation.

We reviewed the care plan documentation at the office and within people's homes we visited. We saw that care plans were written in a person-centred way. Person-centred care is a way of looking at and recording information that sees the people at the heart of the planning and developing care to make sure it meets their needs. Information in the care plans included personal details and next of kin, general health and medical history, all aspects of personal care and support and assessments to minimise risk to the person. We saw that these documents were up to date, had been signed by the person or their representative and had been regularly reviewed. People told us that they had regular contact with the field supervisors regarding reviews of their care and support. One person said "When [Name] broke her leg the staff went through the plan again, nothing had changed. It included how to do breakfast, how to do care, what they liked and disliked." We saw that care plan reviews were up to date. People had given their consent for the care and support they received and had signed the care plans where possible.

Client activity logs showed the times that staff arrived and departed on each call. People told us that usually the times were around the previously "planned and agreed times" and that calls were never missed. Information in the logs included the tasks undertaken, food and drink offered and taken; and any observations by the staff member were recorded. Each record was signed by the staff member.

People told us that the service they received was good and many people had been using the service for a number of years. People said "The staff are excellent" and "The staff are kind". The general manager explained that referrals were usually from the local authority or continuing healthcare commissioners. The manager, general manager or field supervisors would visit the person and obtain details of their needs and wishes and produce a care package tailored to meet those needs. They would also discuss potentially suitable timings for their calls. If these were accepted by the person then a date to commence the service was arranged. Following the start of the package a full care plan and risk assessments would be produced and discussed with the person using the service and their representatives as appropriate. The day after the

initial visit a field supervisor would telephone the client to ensure that the service had been acceptable and their needs met. A two week review would then be undertaken. Following that reviews would be scheduled annually or more frequently, dependant on the complexity of the care package and also in response to changing needs.

People and family members told us they knew how to raise a concern with the service. All the people we spoke with had not made any complaints but said they would speak to the senior staff or the manager if they had a problem. People said "I had a concern ages ago, but it was dealt with to my satisfaction", "No concerns", "I would contact the office" and "I know who to speak to". People and family members said they were aware of the registered provider's complaints procedure. We saw it contained details of who to contact and timescales for the progress of the investigation. A complaints log was kept and showed that where complaints had been raised, these were investigated and had been resolved to the satisfaction of the complainant.

## Is the service well-led?

### Our findings

People and family members told us that the service was well led by management team and that the service was 'Excellent'. People said "It seems to be well run. We have consistent folk that come here. The office staff respond, mostly by email", "I would recommend them to anyone", "My impression of the service is very good", "I have no complaints about the office staff".

A new manager was in place and had currently applied to be registered with the Care Quality Commission. 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.

People told us that their care package and the quality of the service provided were regularly reviewed with the field supervisors. They said that they visited them on a regular basis. Documentation confirmed this and comments included "Current level of support is enough", "Very happy, no issues" and "Great support from the office and communication has improved."

From discussions with the general manager and the staff team we saw that the ethos of the service was to be open and transparent in their approach. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner. We saw the previous rating displayed at the office.

The registered provider had a business continuity plan in place which included the type of risk, preventative measures and contingency arrangements for example evacuation of the building in the event of a fire, loss of utilities or failure of the IT systems. Emergency contacts numbers and key staff contact details were also included. This meant that the registered provider had considered the implications of a major emergency occurrence at the service and the steps needed to be put in place to manage this.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with the employee handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available in the main office which ensured that staff had access to relevant guidance when required.

Audits were undertaken of people's care files including the medication records and client activity logs. A note of any actions to be taken was recorded and signed when completed. The general manager ensured that the actions were completed. A representative of the provider undertook a quality support visit and reviewed a range of documentation. The last visit in August 2016 highlighted some areas for improvement. Actions to be taken were recorded and were dated once completed.

Annual surveys were undertaken with the people who used the service and the staff team. People who used the service said they would recommend the service to other people and that they would rate the service "very favourably". Staff said that training and support was good and that they enjoyed their job.