

# Manchester & Stockport Senior Care Services Limited

# 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Home Instead Senior Care (Stockport) is a management franchise that specialises in non-medical domiciliary care for older people. The service is registered with the Care Quality Commission to provide personal care, companionship and social inclusion services to people living in their own home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good overall. There were no breaches; the service met all relevant fundamental standards.

At the time of our inspection 165 people were using the service. Out of these 51 people were receiving a regulated service.

Why the service is rated Good.

All staff received the training they needed to carry out their roles effectively and were well supported. Care givers had been safely recruited. There were sufficient numbers of care givers to provide people with the support they needed.

The service has a registered 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.

People were positive about the registered manager and the way the service was run.

People's care records were detailed and person centred. They identified what was important to and for the person. People were safe because the risk assessments and systems in place to keep them safe from abuse or avoidable harm were effective.

People's nutritional and health needs were met and medicines were managed safely.

Care givers and management understood their roles and responsibilities to seek people's consent prior to care and support being provided. People were supported to have maximum choice and control of their lives and care givers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were very happy with the care and support provided to them by their care giver. They

told us they were treated with kindness, respect and compassion.

People were supported to maintain their independence, interests and hobbies.

The provider had a strict protocol in place that all visits to people were no less than one hour long. This helped to ensure people received safe and effective care in the time and manner they wanted and needed.

Quality assurance systems were in place to monitor and continually improve the service provided. Policies and procedures in place were kept under review.

Feedback was obtained from people who used the service, their families and representatives. There was a procedure to help people to complain if they wanted to. People we spoke with told us they had no complaints.

The provider had notified CQC of significant events and displayed the rating from the last report.

## 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 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.

This comprehensive inspection took place on 5 and 6 March 2018 and both days were announced. We sought people's permission prior to making telephone calls to them on 7 March 2018 to gather their views and opinions about the service provided. 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. Their area of expertise was older people and dementia care.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in to provide information we would require as part of the inspection process.

Before the inspection 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 what improvements they plan to make. We reviewed the PIR and looked at information we held about the service and the provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and the community mental health team for their views about the service. They raised no concerns.

During our inspection we spoke with 20 people who used the service, the registered manager, and head of care giver experience, three care givers, the administrator, business development manager and the training officer. We also spoke with the managing director and director of finance who is also the registered provider.

We reviewed a sample of records that belonged to five people who were receiving a regulated service from the provider, for example people's medicine records and care records. We also reviewed six staff recruitment

records, staff training and development records, records relating to how the service was being managed such as safety audits, a sample of the services operational policies and procedures and the service's business plan.

# Is the service safe?

## Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

Everyone we spoke with told us they felt safe using the service. People said, "Yes, I feel very safe", "Yes, I am safe. They [care givers] are very reassuring. I know them quite well. I see the same people", "Safe? Yes. Very much so", "Yes, I get on with them. I always have the same person who has become quite a friend".

People's relatives confirmed the person felt safe in the company of their care givers. Two relative's said, "Yes, [Person's name] feels very safe 100%" and "Oh, definitely [name] feels safe".

Arrangements were in place for safeguarding people who used the service from abuse. All staff had received training in preventing and detecting abuse. They were able to discuss the signs that might alert them to suspect different types of abuse and knew how to raise any concerns. Care givers we spoke with were confident any concerns they raised would be dealt with appropriately.

We found there was a safe system of staff recruitment in place. The provider completed pre-employment checks before they offered staff employment. These checks should help to ensure people are protected from the risk of unsuitable staff being employed. We saw the service had policies and procedures to guide staff on what was expected of them in their roles.

There were sufficient numbers of care givers to provide people with the support and companionship they needed. People we spoke with indicated there were sufficient care givers in place to meet their needs. They said, "Almost always my care giver turns up on time, and stays for the agreed time slot", "Timing is very good"; "Very prompt"; "On time, even when the weather was not good last week" and "Punctual." Records we looked at confirmed staffing levels were provided at consistent levels.

Medicines management policies and procedures were in place. Records indicated that people received their medicines as prescribed and people we spoke with told us their medicines were stored safely and securely in their home. When we spoke with people whose medicines were administered by their care giver they confirmed that administration was always recorded on paper. They told us that their care givers either administered medicines or 'prompted' them to take their medicine. People's relatives told us they had observed the care givers making sure the person took their medication as directed by their general practitioner.

Records showed that all staff had been trained in the safe administration of medicines and had their competency to administer medicines checked. We examined people's medication administration records (MAR) which were being kept in the office. These showed they had been signed to indicate medicines were administered as directed.

Comprehensive assessments were carried out to identify any risks to each person or the care giver

supporting them. These included environmental risks and any risks to people's health and well-being. These assessments gave guidance to people, their relatives and care givers on how risks could be minimised. Records showed that there was a system in place to review risk assessments regularly. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

People told us that their care givers always wore personal protective equipment (PPE) when carrying out personal care or domestic tasks. Records showed that staff had received training in infection prevention. Care givers we spoke with were aware of their responsibilities in protecting people from the risks of cross infection and were able to discuss hand washing and appropriate use of PPE.

Records we examined showed that accidents and incidents were recorded. Records included a description of the incident, any injury and any action taken by care givers or management. The registered manager kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.



# Is the service effective?

## Our findings

At our previous inspection we found that the service was effective. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People felt very well supported by their care giver. Many people and their relatives attributed this to the fact that the service provider made strenuous efforts to ensure people saw the same carer giver(s). They felt they were well trained and knew how to care for them.

People made positive comments about the care givers competence and abilities and were very happy with their approach. People told us; "Oh, yes, they understand my needs well. I think the staff are well trained. I always see the same care giver"; "I think that they understand me very well. I have had the same care giver for two years. She is a delight", "Yes, they are alright. I am very pleased with them", "They understand my needs very well. We get on very well", "Oh yes, they understand my needs very well. Always know what I want. I think that they are well trained", "I think she understands my needs. I see the same care giver every time. She is well trained", "They do understand. They give me the support I need" and "They are very good. I would recommend them. Of course they understand my needs. I could not be without them. They take me out for a walk or to the shops if I need something".

A person's relative said "The care givers seem to have a knack of getting her [Person's name] to eat. They seem to handle the clients very well, without adding to stress. The company tries to use the same carer giver so my mother knows the people who visit her". Another relative said "Yes, I think the care givers understand her. They make sure everything is written up in the log book" and "She [Person's name] sees the same carer 90% of the time".

All of the people we spoke with confirmed the care givers sought consent before carrying out procedures. One person said "They always ask for consent. They are good like that". Another person said, "Before they do anything, they ask if that is ok. They always ask permission first".

During the inspection a comprehensive staff induction/training programme was taking place for four new care givers. The induction covered mandatory topics such as first aid, safeguarding, moving and handling theory/practical, infection control, food hygiene, health and safety, fire safety and medication. Training was also provided in promoting equality and diversity in respect of the seven protected characteristics of the Equality Act 2010.

Whilst there is no statutory requirement for providers to implement the Care Certificate consideration had been given to the relevant modules and 28 workers had completed this training. The Care Certificate is a set of minimum standards that social care and health workers should apply to their daily working life and is covered as part of the induction training of new care givers. This helped to ensure make sure that all staff have the skills, knowledge and experience to deliver effective care and support.

All current care givers are trained to understand the 10 Standards of the Daisy Dignity Accreditation. The

Daisy standards ensure that dignity in care is understood and consistently practiced by staff.

The service had also recently been involved in a pilot project looking at End of Life Care. This course has now been accredited by City & Guilds and is being cascaded to all care givers.

We examined the care records of five people and saw that individual needs assessments had been undertaken prior to the service being provided. This ensured the care and support being offered was tailored to meet their identified needs, wishes and choices. Where necessary, relevant health care professionals were involved in carrying out a full assessment. This helped to ensure people were supported to live healthier lives, have access to healthcare services and, where necessary, receive on going healthcare support.

The registered manager told us that prior to a person's support being provided they would visit the person at home and discuss the support plan with them and/or their relative to confirm their agreement. People we spoke with confirmed this and records showed people receiving a service had signed to agree and confirm their consent. The registered manager was aware that only people who had power of attorney for health and welfare decisions were legally able to sign on the person's behalf.

All of the care records we examined included service delivery contract that set out the terms and conditions of the service being provided. Records detailing the hours of care that would be provided including who to contact in an emergency was also in place. People using the service, their relatives and records we examined confirmed that care plans were in place and were reviewed every 6 months. Where practical, people were consulted about their care during care reviews.

Consideration was given to people's nutritional needs where specific support was being provided. People we spoke with and their relatives, confirmed that, if necessary, their care giver prepared suitable meals and sought to encourage people to eat a balanced diet. One relative said, "The meal preparation works very well."

## Is the service caring?

### Our findings

At our previous inspection we found that the service was caring. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People and their relatives were very positive about their care givers caring attitude towards them. All of the people we spoke with told us they were treated with kindness and respect. People said, "Yes, they do treat me kindly. They are very nice", "They do everything I ask them to do. They are very co-operative", "I get on really well, particularly with my regular care givers" and "Companionship is really important. We have a chat and a laugh."

People's relatives said, "They are very caring. They do things which are not part of their job. We are very happy with the company", "They seem like nice people" and "The care givers are very empathetic. Very understanding; they always tell me if there is any issue. Communication between the care givers is also very good. If she [Person's name] has not been out, they will persuade her to go out for a walk".

People we spoke with told us they were treated with dignity and respect and their privacy was respected. "Absolutely", "Definitely" and "Very much so", were the words used to confirm people felt they were treated respectfully. Another person commented, "They [care givers] are as good as a daughter would be. They are very compassionate".

People and their relative's told us their care givers helped to promote their independence and stated, "They do promote independence. They get her [relative] to walk. [Person] likes drawing so they encourage her to do that", "They definitely encourage me to be as independent as possible" and "To promote my independence [care giver] takes me to the supermarket or we go to the hairdressers together".

Care givers we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. We saw that care givers' workloads were managed individually or in pairs. This enabled people and care givers to get to know each other as well as offering continuity of care.

Care givers we spoke with felt the service provided people with high quality of support. They felt the registered manager and management team were, "Very supportive" and "Very caring to the clients and they understand them well."

The registered manager spoke highly of the caring abilities of the staff team and said, "We have a committed and dedicated team of care givers. They go above and beyond for people. They always ask people if there is anything else they can do before they leave the person's home. We are very fortunate to have such caring people working for us."

Care reviews included people's feedback to ensure the care givers were supporting them to meet their individual needs. Comments or suggestions made in the feedback would be discussed with the care giver(s)

to look for ways to improve on the care already being provided.

Copies of people's care records were archived and stored electronically in the main office. Computers were password protected to ensure that confidentiality was maintained.

# Is the service responsive?

## Our findings

At our previous inspection we found that the service was responsive. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People we spoke with and their relatives confirmed that care plans were in place, were reviewed regularly and they had been involved in their care reviews. People told us that a particular strength of the service provider was the ability to respond to people's changing needs at short notice. For example, when a person's main carer (relative) went to hospital their family asked for additional care for the person to be put in place. The registered manager arranged this very quickly. The relative told us that when the provider was asked to alter the time of care visits in line with seasonal changes in daylight hours, the provider was flexible and accommodated the request immediately.

People described how the service was flexible and responsive to their individual needs and preferences which helped them to live as full a life as safely as possible. They told us their care givers were always prepared to 'go the extra mile'. For example, when a person's central heating system failed, the care giver brought in additional heaters, alerted the person's relative and remained with the person beyond the agreed time, until another relative arrived. Another person told us, "They [service] are very responsive. No complaints. I can find no faults." People's relative's said, "If there are issues, the company always phone us" and "The care giver went the extra mile in obtaining an out of hours prescription for my mother and stayed to ensure that she took the medicine as prescribed."

New service users and their relatives contributed to the initial assessment which detailed how they would like to receive their care and support. Care plans were personalised and included information about people's life histories. People confirmed they were very involved in the planning of their care and support. In addition to supporting people to meet their health care needs the service explored people's social and emotional needs. This helped them to live a lifestyle of their choosing, continuing in hobbies and interests and maintaining social inclusion within their community.

All of the care records we examined included a service delivery contract that set out the terms and conditions of the service being provided. A record of the hours the care/support was to be provided including who to contact in an emergency was also in place. Care records were clear and highlighted specific details following the person's instructions. This meant that the service could respond to people's choice, wishes and preferences effectively.

People confirmed they received a well-coordinated package of care. We saw that people's support plans had been reviewed every six months or sooner if their needs changed. Comprehensive records were maintained of all communication or correspondence made with or on behalf of the person.

Information about how to make a complaint was included in the documents people were given when they started to receive a service. People we spoke with told us they had received a copy of the procedure and felt confident in raising any concerns they might have with either their care giver or the registered manager.

Nobody we spoke with had any complaints about the service.

A complaints policy was in place which signposted the complainant to the Local Government Ombudsman if the complainant remained dissatisfied with the outcome. A person we spoke with told us a concern they had raised had been resolved quickly and helpfully.

## Is the service well-led?

### Our findings

At our previous inspection we found that the service was well-led. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

The service had a registered manager in place who was registered with the Care Quality Commission in November 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found there were good systems of weekly, monthly and annual quality assurance check and audits. There checks were used to monitor the quality of the service provided and to look for any improvements that could be made. The provider had a strict protocol in place that all visits to people were no less than one hour long. This helped to ensure people received safe and effective care in the time and manner they wanted and needed. All visits were managed and monitored using an electronic call monitoring system. This helped to avoid missed visits by highlighting if a care giver did not arrive for their visit on time.

Everyone we spoke with told us they liked the way the service was run and organised. People and their relatives thought that the service was well led and said, "They [service] are very well organised", "They seem well organised", "Yes, very professional", "We have been very happy with them. The company arranges special events for its clients such as tea dances. The staff always make sure that they speak to everyone."

When we asked people about their overall customer satisfaction they made positive comments such as, "100% definitely", "Overall, they do very well", "I would choose this company because of their efforts to ensure I always get the same carer giver", "Top rate. It's very good. Could not be looked after better", "Would definitely recommend them", "They are very good. They have done a good job for [Person's name]", "Very good", "Excellent" and "Consistently eight out of 10."

Feedback about the service from the local authority was positive. One professional stated, "I have found the service to be extremely professional and caring putting their clients at the heart of everything they do. The registered manager, managing director and management team is approachable, knowledgeable and keen to see Home Instead involved in the community.

The service is actively involved in a number of local groups to help shape the future of health and social care locally, to improve the care and health outcomes of people who use services.

The service has made links with a local high school developing and implementing a Pen Pal service for clients who are socially isolated. Care givers support people who use the service to receive letters from pupils from the school by delivering and reading them and then supporting the person to reply.

The service has also gained a Daisy accreditation from Stockport National Health Service (NHS) Foundation

Trust to demonstrate they deliver care with dignity and respect."

The service produces a WOW (what's on where) guide and distribute these free of charge widely within the community. These guides provide a list of activities such as coffee mornings, support groups, therapy groups, exercises and hobbies that are free to attend within the local community. The WOW guide encourages social inclusion and companionship.

Care givers we spoke with told us they enjoyed working at the service they spoke positively about the management team. They said they were all approachable, good listeners and open to suggestions. Three care givers told us, "I couldn't work for a company where I couldn't give 120%. The hour long call works really well so I can provide the care in the way the client wants and needs", "As an employer I would score the company five out of five" and "I would be happy for me or my relative to be looked after by this company."

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These gave information and guidance to staff about the provider expectations and good practice.

Records showed people had the opportunity to comment on the service they received. People who used the service and their relatives confirmed this when we spoke with them.

There was a statement of purpose in place. This gave people who used the service and their relatives the details of the services provided, the service's aims, values and objectives.

The provider had notified CQC of significant events and displayed the rating from the last report.