D2SCo Limited

Home Instead Senior Care (Calderdale & Spen Valley)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 4 and 5 September 2018 and was announced. At the previous inspection we found medicines were not always managed safely and concluded this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found issues still existed around the management of medicines. The provider remained in breach of this regulation.

At the previous inspection we found the provider had not submitted all relevant notifications to the CQC. We found this was a breach of Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents. We found improvements had been made and the provider was no longer in breach of this regulation.

Home Instead Senior Care (Calderdale and Spen Valley) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Home Instead Senior Care (Calderdale and Spen Valley) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 71 people using the service at the time of inspection, 34 of whom were receiving personal care.

Since the last inspection the ownership of the Home Instead Senior Care (Calderdale) had changed. A new nominated individual was registered with the CQC. There was no registered manager in post at the time of inspection. 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.

The systems and processes in place to manage medicines were not always safe or effective. Risks associated with people's care were not always identified and managed. We concluded these demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding incidents were recorded and responded to appropriately. People told us they felt safe using the service and with staff. Staff were familiar with signs of abuse and the company's safeguarding policy.

People were supported by sufficient numbers of staff to meet their needs. Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny prior to providing care. Staff received appropriate training. Staff felt supported and able to raise issues, however formal supervisions were not regularly taking place.

We found the service was working within the principles of the Mental Capacity Act. The provider had recorded which people had lasting powers of attorney in place and were in the process of obtaining confirmation of this. People told us that they were involved in their care, and that their consent was always sought. There was evidence within the care records that people were involved in their care planning and

best interest decisions were made where appropriate.

People were supported to eat and drink. However, we found food and fluid charts had not been put in place for all people that needed potential monitoring for their food and fluid intake. We made a recommendation that the provider reviews the use of food and fluid charts and ensures there is an effective auditing system in place.

People told us they were treated with kindness, respect and compassion. Staff told us having calls that were a minimum of one hour allowed them get to know people and ensure that all of their needs were attended to without rushing. People told us the management team always tried their best to accommodate their wishes and were flexible with call times. Staff and people who use the service told us that independence was encouraged where possible.

The care plans contained evidence of routine reviews and updates. However, some care plans did not contain up to date information regarding people's care and support needs. Two of the three care plans reviewed were for people who were regarded as end of life. However, the care plans made no reference to any end of life plans, preferences or contact details. This meant people may not receive the care they wished for towards the end of their life.

The provider had a complaints policy and procedure. People were aware of how to make a complaint. We saw complaints were responded to and dealt with appropriately.

Staff felt supported by and able to approach the management of the service. Staff said they had seen improvements under the new management. Staff also had access to an employee assistance programme to seek impartial advice regarding work or personal issues.

We found weaknesses in the auditing processes. The provider did not operate effective systems and processes to make sure they assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. We concluded there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

The systems and processes in place to manage medicines were not always safe or effective.

Risks associated with people's care were not always identified and managed.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received appropriate training.

Staff felt supported and able to raise issues, however formal supervisions were not regularly taking place.

The service followed the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's independence was promoted and they were involved about matters relating to their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some care plans did not contain up to date information regarding people's care and support needs.

The provider had a complaints policy and procedure. People were aware of how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not operate effective systems and processes to make sure they assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users.

People and Staff were asked for their views on the service.

Home Instead Senior Care (Calderdale & Spen Valley)

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 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.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on 4 and 5 September. It included speaking with staff and people who use the service. We visited the office location on 4 September to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector, an assistant inspector and a bank inspector.

We reviewed information we held about the service, such as notifications and information from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England. We contacted commissioners and the local authority safeguarding team prior to inspection.

The registered provider had been asked to complete a Provider Information Return (PIR) and they returned this to us prior to the inspection. 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.

During the inspection we spoke with six people who used the service, two relatives, four members of care staff, two senior care staff, the administrator, the call scheduler, the training manager, the manager and the

director.

We looked at a variety of documentation including, care documentation for four people, three staff recruitment files, four staff training files, meeting minutes, documents relating to the management of medicines and quality monitoring records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found medicines were not always managed safely. We concluded this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found issues still existed around the management of medicines. The provider remained in breach of this regulation.

We looked at a sample of medicine administration records (MARs). We found these were not always completed appropriately. For example, some medicines did not specify the dose required on the MARs. This meant staff would not be able to check that the dose matched the information on the medicine. Additional medication was handwritten on the MARs but these were not signed by staff or signed by a second member of staff to confirm the information has been transcribed correctly.

We spoke with staff who showed us body maps were in place to note where topical medicines were used. They also demonstrated PRN 'when required' protocols were in place. However, when we reviewed care records we saw topical medicine administration records (TMARs) and PRN 'when required' medicines guidance was not being completed and used consistently.

One person was receiving their medicines covertly. There was information recorded within their care plan to show the GP advised that it was in the person's best interest to give the medicine covertly, however there was no evidence a pharmacist had been involved in this process. There was conflicting information within the care record to show whether the medicine could safely be crushed. There was no evidence to show guidance had been sought from a pharmacist to be assured the medicine was safe to be crushed. The manager confirmed pharmacist advice had not been sought.

Care plans contained conflicting information about medicines a person required. For example, different medications were listed in different areas of the care plans. This meant staff could not be sure they had accurate and up to date information about a person's current medication. MARs were audited on their return to the office. However, we found the audits had failed to identify and address issues such as the ones described above.

Staff completed training in medicine management and had their competency checked. Staff were aware what action to take in the event of any issues or emergency with medication.

We concluded medicines were not managed safely and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks were not always assessed or managed. Care plans covered aspects of care a person required and contained risk assessments for areas such as mobility and moving and handling. However, we looked at a care file of a person who had started using the service two weeks ago. Their file did not contain any risk assessments despite the person receiving catheter care. We spoke with the director of the service who accepted this was an oversight and told us they would ensure this was actioned immediately. In another

person's care plan we saw they had a stoma but there were no instructions within the care plan to mitigate the risk of infection.

We also found risks were not being effectively managed in relation to nutrition and hydration. For example, where care plans identified people as being at risk of over or under-eating or at risk of dehydration, we found there were no food or fluid charts in place to enable this to be monitored effectively by other healthcare professionals. We also found the amounts emptied from catheters was not consistently recorded which meant any necessary healthcare intervention may be delayed.

This meant not all risks to the person's health and safety had been considered. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding incidents were recorded and responded to appropriately. People told us they felt safe using the service and with staff. One person said, "Yes I am very happy, yes I feel safe." Staff could recognise the signs of abuse and were familiar with the company's safeguarding policy so they knew how to report any concerns.

Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny prior to providing care. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

There were enough staff to meet people's needs. People told us they had a regular staff team and felt they were familiar and trained sufficiently to attend to their needs. One staff member said, "I have regular clients and I cover for a lot of clients as well. Shadowed all of them." People told us the service accommodated their requests to change the times of their care calls. One person told us, "They are flexible on times too, so that I could fit that in and get the care I need."

There was a dedicated member of staff who organised the rota. They ensured there was sufficient travel time allocated between calls. The time allocated depended on distance between the call locations and whether staff had reported of difficulties such as road works. If emergency cover was required there were the senior care staff and additional care staff that could be called upon. There was an on-call system in place which staff could access out of office hours.

We saw from the rota that people had a regular team of care staff, although staff and people noted there was a high turnover of staff which sometimes impacted on this. The computer system used alerted the managers if there were any missed calls to enable these to be picked up. Missed calls were recorded and appropriately investigated and reported.

Staff told us they had access to Personal Protective Equipment (PPE) and knew how to use it. We saw there were plenty of PPE supplies for staff to use.

The manager kept an overview of safeguarding and accident and incidents but there was no detailed analysis undertaken for patterns and trends over a set time period. The director and manager accepted this and told us they were working towards this as a priority.

Requires Improvement

Is the service effective?

Our findings

People's needs and choices were assessed. However, the expected outcomes for each person and the times of service delivery were not clear. For example, the care records did not clearly show how many calls a person required, the purpose for the call or the time of the calls.

Staff were familiar with the people they worked with and were clear the steps to take if they recognised a change in people. Staff recognised when and assisted in enabling people to access health services. We found evidence that appropriate referrals were made to external services to ensure people's needs were met. However, advice was not always recorded within the care plan. For example, we saw advice had been received from a district nurse and this was recorded at the back of the care record but had not been transferred through to the person's care plan. The manager told us they would ensure the care plan was immediately updated.

People were supported to eat and drink. However, we found that food and fluid charts had not been put in place for all people that needed monitoring for their food and fluid intake. We recommend that the provider reviews the use of food and fluid charts and ensures there is an effective auditing system in place.

Staff received appropriate training in areas such as medication, moving and handling and first aid. Staff completed the care certificate. The Care Certificate is a minimum set of standards for social care and health workers. We saw there was a robust induction process. Staff told us their induction training was comprehensive, they shadowed calls prior to delivering care and felt confident in their abilities before working autonomously. Induction training included training in areas such as safeguarding, medication, first aid and mental capacity. Staff completed workbooks which evidenced their learning from the training, and completed shadowing sessions with senior staff. One person told us, "Yes they shadow and they come and introduce carers, they seem well trained." One relative commented, "The amount of knowledge and experience [the member of care staff] she's got, she is brilliant."

Staff told us they had training, and received bespoke training for the people's needs they worked with. For example, they had received dementia and pressure care training. Staff told us they had refresher training yearly and they felt competent in conducting the tasks required of their role.

The management team did not have a clear oversight of when individual training modules were due to expire or when refresher training would be required. This was because separate modules of training, such as safeguarding, were undertaken as part of the Care Certificate. There was no clear mechanism in place to flag up when individual training required refreshing. The training and development manager was aware of this and was taking steps at the time of inspection to resolve this issue.

There was no supervision matrix in place to show staff had planned supervisions scheduled. We saw only a limited amount of staff had received formal supervisions in the last five months. The manager and director acknowledged this and had identified this on the improvement plan they had put in place. They attributed this to being short staffed and they were due to have two new care coordinators take up post imminently.

However, staff told us they felt supported and could approach the management team with any issues. One member of staff said, "If you've got any problems you can go in at any time." Another member of staff told us, "Anytime of day we can ring on call and ask advice."

We saw evidence spot checks were carried out to ensure staff remained competent in their role. However, there was no oversight or planning when spot checks were due. There was a facility available on the provider's IT system to produce reports to show when spot checks were due, however the functions were not being utilised and staff did not know how to do this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We found the service was working within the principles of the MCA.

The provider had recorded which people had lasting powers of attorney in place and were in the process of obtaining confirmation of this. There was evidence within the care records that people were involved in their care planning and best interest decisions were made where appropriate.

Staff told us how they supported people to make decisions about their care and were clear they would not force a person to receive care and support. For example, one staff member told us, "If they [people] refused support, I'd sit down talk to them, find out what the problem is and go from there. If they still refuse but I thought there was a problem I'd inform the office and get the extra help in." One relative commented, "They [staff] are always nattering away with [my relative] although she doesn't have capacity."

Good

Is the service caring?

Our findings

People told us they were treated with kindness, respect and compassion. Staff told us having calls that were a minimum of one hour allowed them get to know people and ensure that all of their needs were attended to without rushing. One member of staff said, "Because the calls are no shorter than an hour there is no rushing them. You have an hour to get to know your client. You can make sure they are comfortable, they are safe and they have everything they need."

The staff rota confirmed staff were introduced to people using the service prior to delivering care. The only exception to this was if there was an emergency but the office staff endeavoured to speak with the person first.

People told us staff were caring. One person commented, "They chat to me; they are really respectful." Another person said, "They've done really well in getting me better." Relatives told us that staff were caring, hard working and had people's best interests at heart.

Prior to the service agreeing to provide care and support, people completed a 'new client enquiry form' which considered the person's preferred care delivery date and times. This enabled the provider to ensure there were care staff available to accommodate people's preferences before agreeing to provide a service. The provider had recruited a member of care staff who spoke a particular language to ensure they could meet the needs of one person. People told us that management always tried their best to accommodate their wishes and were flexible with call times.

People told us they were involved in their care, and that their consent was always sought. Staff and people who use the service told us that independence was encouraged where possible. One person said, "They do encourage me to do what I can. If I'm stuck with something they will help me with that as well." Another person told us, "They are very good actually, they will help me if I need it, follow me to make sure I'm alright and do things for me as well that I can't do."

Requires Improvement

Is the service responsive?

Our findings

Staff told us they were involved in care planning and had seen care plans adapted as a result of their work with people. People told us they had care plans in place and were involved in their care planning. One person told us, "We've got a care plan in place. I have had input. At the beginning it was updated regularly. As I've got better some things have reduced, but its regularly updated."

The care plans contained evidence of routine reviews and updates. The provider had a spreadsheet which contained information when care records were due to be reviewed. However, there was evidence salient information that had been returned from files in people's homes had been filed away without the details being updated on the care plans. This meant there was a risk people may receive inappropriate care. For example, there was information regarding pressure relief on the back of the documents returned to the office but this had not been reflected within the person's care plan. The manager acknowledged this and told us this would be addressed. Another person had conflicting information within their care record regarding moving and handling equipment. The manager confirmed the person was receiving care in bed so did not require the equipment. It was acknowledged that the person's care plan had not been updated. The manager told us this would be rectified immediately.

Care plans contained valuable information about people's background, work and life history. However, some of the information had not been transferred through to people's care plans. For example one person was known to revert to their native tongue at times. However, there was no information of words or phrases that could be used to aid communication with this person.

We spoke with the manager and director about the accessible information standard. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. They told us they assessed this when a potential client completed a 'new client enquiry form' and at the initial assessment once the client wished to engage the provider's service to ensure they can provide information in a way the person understands. For example, they identified staff required 'Makaton' training to aid communication with one potential service user. Makaton is a language programme using signs and symbols to help people to communicate. However, the person decided not to use the service so this did not progress further.

The provider had a complaints policy and procedure. People told us they knew how to complain. We looked at the complaints records and saw they had been investigated and responded to appropriately.

Two of the three care plans reviewed were for people who were regarded as end of life. However, the care plans made no reference to any end of life plans, preferences or contact details. This meant people may not receive the care they wished for towards the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the provider had not submitted all relevant notifications to the CQC. We found this was a breach of the CQC (Registration) Regulations 2009 Notification of other incidents. We found improvements had been made and the provider was no longer in breach of this regulation.

A registered manager was not in post at the time of inspection. However, the current manager had put an application to register as manager with the CQC. A registered manager is a person who has registered with the 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.

The provider did not have adequate systems and processes for assessing and monitoring the quality of the service.

There were systems put in place by the brand owner for quality monitoring in the service. These included audits of care records, recruitment and surveys of people who used the service and staff. Following an audit visit we saw action plans were developed to ensure improvements were made as needed. However, despite these visits we still found issues identified had not been addressed by the provider. We also noted the last quality support visit was at the end of February 2018.

We looked at the accident and incident records and saw as a result of an audit of a person's care file, it had been identified that a staff member had not reported a client's fall. An incident form was completed retrospectively and appropriate action was taken. However, there was not a structured system in place to audit care files to ensure the information was up to date and contained appropriate risk assessments.

There was no supervision matrix in place to schedule staff supervisions to ensure staff had access to formal support. The manager and director did not currently audit the work of the training and development manager to ensure all staff had up to date training. The manager and director accepted this and told us they were in the process of rectifying this once additional staff had been recruited.

The provider recorded safeguarding matters, accidents, incidents and complaints. These were reviewed on an individual basis and appropriate action taken. However, there was no system in place to monitor for patterns and trends over a period of time. The manager and director accepted this and told us they were taking steps to ensure patterns and trends analysis regularly took place.

The provider did not have sufficient systems and processes to mitigate the risks relating to the health, safety and welfare of service users.

Senior care staff were responsible for completing spot checks to help ensure the quality of the service people received. However, there was no clear structure in place to ensure these were regularly completed for all staff. The management team did not have a system in place to ensure spot checks had been

completed. There was a facility available on the provider's IT system to produce reports to show when spot checks were due, however the functions were not being utilised and staff did not know how to do this. The director told us they would look into training regarding the reports that could be used.

Senior care staff were also responsible for auditing the client daily activity records and the MARs. The senior care staff tried to complete this on a monthly basis and complete an audit form. However, we found the audits were not always effective and had not identified or actioned the issues we had found. The manager and director did not audit the work of the senior care staff to identify any shortfalls.

Accurate and contemporaneous records were not kept for each service user.

Care records did not clearly show the number of calls a person required, the purpose of the call or the call times. This made it difficult to establish the care a person required. Important information returned to the office from file's in people's homes regarding their care and support had not been updated and put in people's care plans. People receiving end of life care did not have care plans in place to clearly show what their wishes were.

Information within the client handbook was not always up to date. For example, people were asked to sign a data protection form with reference to Data Protection Act 1998. However, this legislation has been replaced by the General Data Protection Regulation (GDPR) which forms part of the data protection regime in the UK, together with the new Data Protection Act 2018 (DPA 2018).

We concluded these issues collectively demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff felt supported by and were able to approach the management of the service. One member of staff told us, "They [management] listen about your clients. They ring you up and ask you if there are any concerns or is there anything else we need to do." Another member of staff said, "It's a lovely even balance for your clients, carers, they're very, very supportive."

Staff said they had seen improvements under the new management. One person said, "We've always been told the door is always open, [the director] said if you've got anything that you want to chat to him about he will always talk to you." Another member of staff told us, "I definitely feel listened to." Staff also had access to an employee assistance programme to seek impartial advice regarding work or personal issues.

Staff told us the management team encouraged and responded to staff concerns and suggestions. We saw staff meetings took place and discussed areas such as confidentiality, record keeping and training. Staff received communication via emails which provided updates such as regarding medication and when training was due.

People also told us they received surveys approximately every six months. Staff and client survey results had been gathered at the time of inspection and were in the process of being collated to identify any patterns and trends.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were weaknesses in the proper and safe management of medicines. The provider was not doing all that was reasonably practicable to mitigate risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have adequate systems and processes for assessing and monitoring the quality of the service. The provider did not have sufficient systems and processes to mitigate the risks relating to the health, safety and welfare of service users. Accurate and contemporaneous records were not kept for each service user.