

On the Dot Care Ltd

Home Instead Leigh

Inspection report

63 Market Street
Atherton
Manchester
M46 0DA

Tel: 01942877294

Website: www.homeinstead.co.uk/leigh

Date of inspection visit:

15 September 2021

16 September 2021

Date of publication:

04 October 2021

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

About the service

Home Instead Leigh is a domiciliary care agency which provides personal care to younger adults and people over the age of 65 within Leigh and the surrounding areas. On the Dot Care Ltd is a franchise of the national provider Home Instead Senior Care UK Limited, trading as Home Instead Leigh. At the time of the inspection eight people were receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risks where possible. Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on how to support people with these risks.

People's needs were comprehensively assessed before starting with the service; people and their relatives had been involved in the care planning process. Staff had developed supportive relationships with people and knew them well; people received person-centred care as a result. Staff supported some people to access healthcare professionals when required and supported some people to manage their medicines safely.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively and received regular supervisions, competency checks and appraisals; staff we spoke with confirmed this. Systems were in place to recruit staff safely.

Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported people to access the community. People and their relatives were complimentary about the staff and their caring attitude.

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

People knew how to make a complaint. There was an effective complaints process in place to deal with any complaints that might be raised in the future. The registered manager and staff were committed to providing high quality care and support for people.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes were robust and identified areas of the service where improvements were needed.

The registered manager completed a range of audits to ensure the service provided to people was safe and effective and to drive improvements in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Home Instead Leigh

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 September 2021 and ended on 16 September 2021. We visited the office location on 15 and 16 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the, registered manager, three care workers, two office staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place which were being used effectively to help safeguard people. Safeguarding concerns were being recognised, reported and investigated.
- People spoke positively about the care staff provided. One person told us, "Before I started having care [registered manager name] came from the office and we discussed what I needed. I told her [registered manager] I was a little worried about strangers helping me, but she put my mind at rest, and she told me everything would be ok, and she was absolutely right".
- Staff had received training in safeguarding and were able to describe the signs of abuse and neglect and the action they would take if concerned.

Assessing risk, safety monitoring and management

- People had risk assessments in place which included any factors that might affect the person, with actions for staff to take.
- Risks to people's safety were identified and managed well. The provider's auditing process included a system to ensure checks were completed and any safety issues had been identified.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments outlined measures to help reduce the likelihood of people being harmed.
- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- We found no evidence of any serious injuries having occurred.
- The service had a system for recording and monitoring accidents and incidents.
- The service had emergency fire procedures in place in the event of the need to evacuate the office premises.

Staffing and recruitment

- The registered provider had a policy for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them.
- Staff told us the recruitment process included completing application forms, attending interviews and providing the required employment checks before they could work in the service.

Using medicines safely

- Medicines were managed safely. People had individual medication administration records to ensure they received their medication as prescribed and staff used an electronic system to manage and record people's medicines.
- People and relatives spoken with said staff supported them to take their medicines as prescribed and raised no concerns about medicine administration. One relative said, "The carers give the medication to [my relative] and everything seems to be done on some sort of app on their phone".
- Staff told us they had received training in the safe handling of medicines and had a competency check completed before they were allowed to administer any medicines.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place and staff testing kits which we saw in the office premises. Staff we spoke with understood the protocols for wearing PPE appropriately when supporting people, and when visiting the office premises.
- People and their relatives confirmed staff followed appropriate infection control measures, such as hand washing and wearing protective equipment when supporting people with personal care.
- Additional training had been done in the donning and doffing of PPE and government updates had been communicated to staff, which they confirmed.
- The service had an up to date business continuity management plan which included the loss of staff. A COVID-19 taskforce had been created at the national office, which provided regular updates and key facts which were passed on to people, families, and staff.

Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- Data analysis was used to help identify useful themes and trends to minimise risks and reoccurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed as and when required if a change occurred. The assessment process was thorough, holistically assessing all aspects of the person's needs. People's expected outcomes were identified, and care and support was regularly reviewed.
- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life. People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.
- People's relatives commented positively about the service provided and told us they were involved in discussions about people's care plans and on-going care provided. One relative told us, "I am completely happy with all they [staff] do. We had a problem last week and the carer immediately called me and between us we sorted it".

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and had the skills and training to meet their needs.
- Staff told us they had received appropriate training, support and induction to enable them to meet people's needs. One staff member told us, "A part of my induction I shadowed other staff for two weeks and so I did double-ups [two staff present] and got to know the service users and staff team and also read care plans".
- Staff completed the providers bespoke induction, learning and development programme, which was based on the principles of the care certificate. The care certificate is national set of induction standards for people working within the health and social care sector.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported some people to maintain a diet of their choosing; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.
- Detailed records were kept of the support provided to people each day. Staff had received training in nutrition and hydration.
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were

providing care which met people's health needs.

- A relative told us, "I can't believe the difference the carers have made to [my relative]. We have the same carers which is good for [my relative] as continuity is important to her".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were encouraged to make decisions for themselves and were provided with sufficient information to enable this, in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment, and gave their consent. One staff member said, "People can make their own decisions, even if the decision is unwise. If I suspected a person lacked capacity a mental capacity assessment may need to be done".
- Where people had an appointed Power of Attorney for health and welfare or finances this was recorded in their care plans. At the time of the inspection no-one was being deprived of their liberty in their own home.
- We discussed with the registered manager, the importance of ensuring staff received updated training in MCA/DoLS due to changes in legislation contained in the Mental Capacity (Amendment) Act 2019, scheduled to come into force in April 2022 to replace the Deprivation of Liberty Safeguards. The registered manager acknowledged this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives spoke highly about the service and the staff team, one person said, "The service has been a game-changer; the carers are kind caring and nothing is a trouble to any of them". A relative told us, "During the initial visit [registered manager name] was walking around the house, checking what risks there would be to [my relative] and noticed that [my relative] had some religious icons and pictures through the house. She spoke about them and I told her we were [religion name]; she told me she would try to bring in a member of staff that would understand how [my relative's] faith was so important to her. That to me shows real empathy and understanding".
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.
- Staff treated people equally and without discrimination. Staff had received training in equality and diversity and people's individual needs were recorded in their support plans.
- People and their relatives were fully involved in making decisions about their care and support, and recent historical feedback records confirmed this; one relative had commented, 'We are really happy. [My relative] has settled well and loves everyone. We do think one of your strengths is communication. We are always informed, and we feel that both us and you in the office have really good two-way communication and that we are all comfortable talking to each other'.

Respecting and promoting people's privacy, dignity and independence

- People told with told us staff respected their privacy and dignity. Staff were mindful of this especially when assisting people with personal care. Staff had completed training on how important it was to ensure people's privacy and dignity was maintained at all times.
- One person said, "I am treated with such respect, we have plenty of time to do everything I need and if staff are finished with their jobs, we have a chat, which is really nice. I have had two different carers come and they are both so kind to me. When I am having my shower I am treated with respect, both of them ensure that I am covered with a towel and looking away while I wash, and this makes me feel that they are really intent with maintaining my dignity".
- Discussion with staff showed they knew the people they supported well and how they wanted to be supported.
- Staff supported people in maintaining their independence by encouraging them to do what they could for themselves. For example, daily living tasks and support with hobbies and interests.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were very person-centred and contained specific individual details about people, how they wanted to be supported and the outcomes to be achieved. Care plans were detailed with people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- People's care plans detailed their strengths and areas of independence. For example, where people could complete elements of their personal care independently, this was clearly recorded in their care plan.
- The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.
- People and relatives spoke positively about staff, one relative said, "The carers come to take some of the pressure off me as I am [my relatives'] main carer; they are always prompt and they really take their time not to rush him and he seems very happy with all they do".
- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order in place. End of life care was supported by district nursing teams, doctors and relevant other professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were explored as part of a care consultation and review process, during which the service continually looked at how to support people to have access to information. Documentation could be produced, for example, in larger print for people with sight problems.
- During the pandemic, staff had kept in touch with people and their relatives. Care reviews, quality assurance testing and care consultations were done via zoom so all relevant people were included in the process.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Feedback received by the service shortly before the inspection stated, "[Carer name] has been an immense

help to me and has encouraged me in every task I've tried and now I can walk outside, look after myself and have gained confidence. I recommend her and I value the care highly".

- Where appropriate, people were supported and encouraged by care staff to undertake activities and maintain their social relationships to promote their wellbeing.
- Staff gave us examples of the ways in which they supported people to do a range of activities so they led full and meaningful lives.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this, for example through comments and suggestions, care plan reviews and the complaints process.
- The service had a complaints policy in place; we saw complaints were minimal and any issues had been responded to in a timely way. People received a customer handbook which held details of how to make a complaint.
- No one we spoke with had had cause to make a formal complaint and everyone told us they would be comfortable raising concerns with the staff or management.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service promoted openness and honesty in all its policies and procedures. Staff had close contact with people's relatives. Relatives felt staff were always open and honest with them about everything, including if things had gone wrong. One person told us, "I feel that if I needed to ring the office about anything I could do so with confidence, knowing that they would help me". A relative said, "If I ever need to contact the office, which is very rarely, I feel totally confident that I can discuss anything at all with confidence and it will be sorted".
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.
- Staff said the registered manager was approachable and available should they need to raise any concerns. One staff member said, "[Registered manager name] is always available and we can always nip into the office at any time, and the on-call system works well".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff at all levels understood the importance of their roles and responsibilities and their performance was monitored. The provider recognised and valued the hard work and commitment of staff. During the inspection we saw the office team worked well together and kept in constant contact with staff, people and their relatives via phone calls.
- Effective governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people.
- Staff we spoke with felt valued and supported by the registered manager; they were clear about the culture of the organisation and what was expected from them. One staff member told us, "I feel the manager is very approachable and always willing to listen. I feel this company is bespoke to each person, as we don't rush and there is no pressure to leave people. We always have staff in place".
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

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

- The registered manager encouraged everyone involved with the service to express their views on a day to day basis about how it was operated. Each person being supported had a small number of familiar and regular staff who ensured as far as they were able, the person's views were considered.
- The whole staff team worked continuously to improve and develop the quality of the service provided to each person.
- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes.
- People's care was evaluated at the end of their support period. We saw historical feedback was positive, for example, all feedback forms indicated people would recommend the service and comments included, 'excellent service', 'wonderful carers and organisation'.