

Thirteen57 Ltd

Home Instead Senior Care

Inspection report

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10 February 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The provider is registered with us to provide personal care and support for people who live in their own homes. They were supporting 24 people at the time of our inspection.

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

People were supported in a safe way. Risks to people were considered and reviewed and lessons learnt when things went wrong. There were enough suitably recruited staff available for people. Medicines were administered as prescribed. Actions were taken to ensure infection control procedures were followed in people's homes.

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 support this practice. People had access to health professionals when needed. People were supported at mealtimes accordingly. People received care based on their assessed needs and their preferences were taken in to account.

There were systems in place to monitor the quality and drive improvements when needed. Staff felt supported and listened to. People and relatives spoke positively about the company. Feedback was sought from people and relatives who used 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

The last rating for this service was requires improvement (published 29 July 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Home Instead Senior Care

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 team consisted of two inspectors 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

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses.

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 4 February 2021 and ended on 10 February 2021. We visited the office location on 10 February 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care provided. We spoke with eight members of staff including, caregivers, the client liaison manager, the office manager and the registered manager.

We reviewed a range of records. This included three people's care records. We also looked at records relating to the management of the service, including procedures and governance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and relatives raised no concerns over safety. One relative told us, "My relation is very safe in their hands".
- Risks to people's health and wellbeing were considered, assessed and reviewed. When people's needs changed, we saw this had been considered and risk assessments updated to reflect this.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training.
- There were procedures in place to ensure people were protected from potential harm. When needed concerns had been raised appropriately in line with these procedures.

Staffing and recruitment

- People and relatives confirmed there were enough staff available to meet people's needs. A relative told us, "[Staff] are very good. The [staff] they send are punctual and then do other stuff. My relation has never been left without care".
- Staff confirmed they had completed employment checks before they could start working in people's homes.

Using medicines safely

- People were supported to receive their medicines as prescribed. One relative said, "Yes, [Staff] do give medication. Fortunately, though they are not time critical, but they do give them on time".
- There were effective systems in place to monitor medicines and ensure people received these as prescribed.

Preventing and controlling infection

- Infection control procedures were followed by staff when supporting people in their own homes.
- Staff told us they had access to personal protective equipment which they used when they were offering support to people in their own homes.
- People and relatives raised no concerns around infection control practices. One relative told us, "The challenges of COVID are not voiced for Home Instead. I have checked and know that the carers wear masks and wash their hands".

Learning lessons when things go wrong

- Accidents and incidents were reviewed to see what could be done differently if they reoccurred. Staff told us any learning was shared with them through meetings.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider was not always acting in accordance with the MCA when people lacked the mental capacity to make their own decisions. This was a breach of regulation 11 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Staff received training and understood the principles of the MCA. One staff member told us, "Sometimes people who can't make decisions for themselves and need help to do so. We work together to do this and make the decision in their best interest".
- The registered manager understood their responsibilities in relation to the MCA. We saw when needed people's capacity had been assessed and decisions made in their best interests.

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

- People's needs were assessed and considered before they started receiving care.
- People's gender, culture and religion were considered as part of the assessment process.
- People's oral health needs were assessed and considered.

Staff support: induction, training, skills and experience

- Staff received training that helped them support people. One staff member told us, "The training we have received is good, it has gone online at the moment due to the pandemic. I was offered help from the office to support me to get up and running."
- Staff knew people well and had adequate skills and experience to fulfil their role. One relative told us, "[Staff] have known my relation so long now. [They] have built a relationship and trust with [staff]."

Supporting people to eat and drink enough to maintain a balanced diet

- Where needed people's dietary needs had been assessed and considered.
- When needed staff supported people at mealtime's and with drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and their health and wellbeing was monitored when needed.
- When people needed to be referred to health professionals for specific advice and guidance, we saw this had been completed. For example, if people were unwell when staff had visited them, they had contacted the GP on their behalf.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we found some improvements were needed as the systems in place had not identified concerns we found around people's capacity. At this inspection we found these improvements had been made.
- At this inspection we found some minor concerns where people's risks had changed, and people's care plans were not always fully reflective of this. This did not impact on people or the support they received. The provider took immediate action to resolve this and we saw this was completed during our inspection.
- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager and the management team. They had the opportunity to raise concerns by attending supervision and team meetings.
- The registered manager ensured we received notifications about important events so we could check appropriate action had been taken.

Continuous learning and improving care

- Quality checks were completed within the service. These identified where improvements were needed so that action could be taken.
- An annual report was also produced and available for people. This collated all the findings from the year including a review of complaints, people's feedback and developments. The registered manager used this to make improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff spoke positively about the management team and the support they received. A relative told us, "There is nothing I would like to see improve. They go over and above what they're supposed to do".

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

- Duty of candour requirements were understood and met by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the opinions of people who used the service. Quality assurance surveys were

completed, and this information was then collated and shared with people.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.