

Mbekir Limited

Home Instead Senior Care

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

About the service:

Home Instead Preston is a domiciliary care service, which provides support for adults in the community, who require assistance with personal care, including those living with dementia, physical and learning disabilities, mental health needs and sensory impairments. The agency office is on the outskirts of the city of Preston, adjacent to the railway station and accessible by the local bus services. People live in their own houses within the local community. At the time of our inspection there were 53 people who used the service, 22 caregivers, 2 administrators, a training officer and a care-co-ordinator, as well as the registered manager.

People's experience of using this service:

Everyone we spoke with provided us with positive comments about the quality of service provided and the ability of the staff team. The provider had systems to act on allegations of abuse. Environmental risk assessments contained good detail. However, health and social care risk assessments were basic and lacked important information. The provider had a system for the reporting and recording of accidents and incidents. Staff had received training in medicines awareness and guidance for staff was available. We have made a recommendation about the process for auditing medicines. Staff were recruited safely, although on one occasion the provider could have further explored the employment history of one staff member. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs and choices were assessed before a package of care was arranged and before a client returned from hospital. These assessments were sometimes very brief and would have benefitted from more detailed information being obtained. We have made a recommendation about assessing people's needs. However, positive feedback was provided by people we spoke with, who told us they received effective outcomes from their caregivers, who were kind and caring.

New staff received an induction programme and a broad range of training had been completed by all staff, who were regularly supervised and observed at work. However, training for staff in relation to end of life care had not been provided. We have made a recommendation about this. Appraisal systems were not up to date and therefore, staff members were not formally offered the opportunity to discuss their work performance at regular intervals. We have made a recommendation about this.

Support plans did not contain detailed and person-centred information and therefore these did not always accurately reflect the needs of those who used the service. The needs assessment, risk assessment and support plan for one person failed to refer to a medical condition which impacted on their specific dietary requirements. This could have had a detrimental effect on their daily life should inappropriate foods be served. A mental capacity assessment had not been conducted for one person, who had a mental health diagnosis. We have made a recommendation about mental capacity assessments. Community health and social care professionals were involved in the care and treatment of those who used the service.

The provider had systems for the management of complaints. However, none had been recorded since the last inspection, but people told us they would know how to make a complain, should the need arise. Everyone we spoke with provided us with very positive comments about the quality of service provided and the staff team.

There was little oversight of the management of the service and effective audits were not taking place. Therefore, a robust system for assessing and monitoring the quality of service provided had not been established. However, feedback was periodically obtained from those who used the service, their relatives and the staff team. Regular team meetings had been conducted and staff members felt able to approach the managers with any concerns, should they need to do so.

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

Rating at last inspection:

The service was rated good at the last inspection (Published 10 December 2016).

Why we inspected:

This was a scheduled inspection based on the previous ratings.

Enforcement:

At this inspection we rated the service as requires improvement. We identified two breaches of regulations, in relation to person-centred care and good governance. Please refer to the end of the report for action we have told the provider to take.

Follow up:

The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

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 dropped to requires improvement.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service dropped to requires improvement.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service dropped to requires improvement.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service dropped to requires improvement.

Details are in our well-led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an Expert by Experience, who conducted telephone calls to obtain feedback from those who used the service and their relatives. An Expert by Experience is an independent person, who has experience of the type of service being provided.

Service and service type:

Home Instead Preston is a domiciliary care service, which provides support for adults who live in their own homes and who require assistance with personal care, including those living with dementia, physical and learning disabilities, mental health needs and sensory impairments. The Care Quality Commission does not regulate premises used for domiciliary care; this inspection looked at people's care and support. The service had a registered manager registered with the Care Quality Commission. This means 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 three days' notice of the inspection visit because it is a small service and we needed to be sure someone would be available to provide the information we required. Inspection activity started on 30 April 2019 and ended on 7 May 2019. We visited the office location on 2 May 2019 and 7 May 2019.

What we did:

Before our inspection we looked at all the information we held about the service. This included any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law and we looked at the Provider Information Return. 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 used a planning tool to collate all this evidence and information before visiting the

service.

During our inspection we visited two people, with their agreement, in their own homes. We spoke with an additional six people who used the service and four relatives by telephone. We also spoke with two staff members, the registered manager, the provider and training co-ordinator. We looked at a variety of records. These included two care files, four staff personnel records, policies and procedures and systems for assessing and monitoring the quality of service provided.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies which provided the staff team with directions around safeguarding people and they had systems for recording safeguarding incidents. However, none had been reported during the last twelve months. We noted the associated safeguarding guidance from the local authority was out of date. We discussed this with the registered manager and provider, who replaced the guidance with the most recent information during our inspection.
- People told us they felt safe using the service and were happy with their caregivers. Comments we received from people included, "We have never been uncomfortable with them [care givers]", "She does get on better with some more than others", "Yes I do [think she is safe]. She is very happy with them [care givers]. They look after her well" and "She is absolutely fine. Her carer is very pleasant."
- Records showed staff were provided with training in relation to safeguarding people. Staff spoken with were aware of what they needed to do should they be concerned about the safety of someone who used the service.

Assessing risk, safety monitoring and management

- The provider had policies which provided staff with guidance about action they needed to take in the event of a medical emergency.
- The recording of accidents and incidents was satisfactory and these documents were held on individual care files.
- The service carried out environmental risk assessments, which contained good detail. However, although staff carried out health and social care risk assessments, these were basic and lacked important information about identified risks.

We recommend the provider checks all care files to ensure relevant risk assessments are in place and these contain information needed to reduce the possibility of harm.

Staffing and recruitment

- We did not identify any concerns in relation to staffing levels and people told us that their caregivers attended as expected. The scheduling of staff rotas was completed electronically and this was accessible by all caregivers.
- The provider had systems for the safe recruitment of staff, to ensure all checks were completed before prospective employees were appointed. We noted on one occasion a staff member had not supplied their most recent employer's details for reference purposes and had not clearly explained the reason for leaving this position. However, the provider subsequently told us they had discussed this with the staff member's previous employer by telephone, but there was no evidence to show the provider had explored this further

with the applicant or previous provider before employment commenced.

We recommend the provider explores prospective employees work history and records any additional checks in full, before making a decision about offering employment.

Using medicines safely

- The provider had medicine policies and procedures and medicines administration records were completed. Staff carried out medicines audits. However, these were basic and did not highlight areas assessed or how shortfalls identified were to be improved upon.

We recommend the medicine audits be further developed in order to provide a more structured and robust audit trail.

Preventing and controlling infection

- The provider had detailed policies which provided the staff team with clear guidance around good infection control practices.
- The training co-ordinator told us infection control training for the staff team was included in the corporate training certificate 'My learning cloud', following which, work books were completed to ensure staff members had understood the learning material delivered. This was confirmed by staff we spoke with and from our observations of completed work books.

Learning lessons when things go wrong

- The provider had introduced an electronic programme for recording when things went wrong. However, there was no evidence of lessons learned from the events system being used. The provider confirmed he planned to improve the system, so reports could be developed to identify lessons learned in order to move the service forward.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider had systems to ensure people's needs, choices and preferences had been assessed before a package of care was arranged. However, these assessments were very brief and would benefit from more detailed information being obtained. This would help to make sure the staff team could always provide the support people needed.

We recommend the provider develops a more robust system for assessing people's needs, so the staff team have a clear picture of individual needs and how these are to be best met.

Staff support; induction, training, skills and experience

- Records showed new staff were provided with an induction programme on the commencement of employment and staff told us they were satisfied with their induction period.
- We saw supervision records, spot checks and competency assessments were retained on staff personnel files and caregivers confirmed they were supervised regularly by their line managers. This gave them the opportunity to discuss any concerns or specific training needs they may have had.
- The provider had a computerised training system, called 'My Cloud'. This enabled staff to access a wide range of learning modules, which helped them to increase their knowledge and skills and to keep up to date with current legislation and good practice guidelines. A variety of mandatory training sessions were completed regularly and additional modules were sourced, as was required by individual staff members or by the staff group. Everyone we spoke with felt their caregivers were very knowledgeable about their needs. One person described them as being "very capable". Comments we received from people included, "They [care givers] are well trained" and "They are a good bunch."
- Staff spoken with said they felt there was sufficient training provided. They also said they were happy with the support they received from the management team. The provider had detailed policies which supported staff whilst at work, such as policies around safety and lone working.
- Two of the three staff files we looked at were for recently appointed staff members and therefore appraisals had not been conducted. The last appraisal we saw for a long-standing member of staff was completed four years previously. The registered manager confirmed appraisals had not been conducted more recently for this person, due to lack of management resources.

We recommend there is a consistent approach to the appraisal system to allow managers to discuss work performances and training needs with individual staff members.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff assisted people with meals, if this was needed. One person said, "They [the service] have a good complement of cooks [care givers], who make good meals - sometimes excellent."
- The care records for one person did not make reference to a specific dietary requirement, although the caregivers were aware of the specific nutritional needs of this individual.

We recommend specific nutritional needs are recorded in detail within the care records, so caregivers are provided with clear guidance about the dietary needs of individuals.

Staff working with other agencies to provide consistent, effective and timely care; Supporting people to live healthier lives, access healthcare services and support

- Needs assessments were ongoing for people who were returning home following a period of hospitalisation. This helped to ensure the staff team could continue to support each individual.
- One person we visited was receiving care and treatment from the district nursing service. This helped to ensure their health and social care needs were being appropriately met.

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.

- Although consent had been obtained in relation to some areas of care and support provided for individual people, a mental capacity assessment had not been conducted on behalf of one person who had been diagnosed with a mental health condition.

We recommend mental capacity assessments be conducted as appropriate to establish if people need support to make decisions in their best interests.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated well and staff were kind and caring. People said, "They [caregivers] do chat, which is very enjoyable. We have a good laugh" and "They don't sit and chat, but they do chat as they go along."
- The provider had a policy in relation to equality and diversity. This was easily accessible by staff members and therefore guidance was provided for caregivers around this important aspect of care and support.

Supporting people to express their views and be involved in making decisions about their care

- A range of good information was provided for clients and their families in the form of a leaflet entitled 'quality care at home in Preston'. This covered information about meeting individual requirements and the care that could be provided.
- The service supported people to express their views. The service took people's choices and preferences into consideration when planning care and support. Staff involved people in planning their own care and support, or that of their loved one.
- Consent forms indicated people agreed with the content of the plans of care and were able to make some decisions about the support they received. People told us, "It is my care plan for social interaction so, they do sit and chat" and "They don't rush me. They consider my welfare when they come."

Respecting and promoting people's privacy, dignity and independence

- Everyone was more than happy with their caregivers and no issues were raised. People said their privacy and dignity was consistently respected and everyone said the caregivers were very respectful and patient. People told us, "They [caregivers] respect your house and never make any comments about it. They really are like friends", "They always make sure she has a dressing gown", "They close the [bathroom] door, but make sure he is safe" and "I have absolutely no criticisms, they [caregivers] are remarkable."
- The provider had policies relating to privacy and dignity, which were linked to current legislation. Some guidance was provided for the staff team around client's preference, social relationships and professional boundaries.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Information was provided, as requested and it was clear those who used the service had access to records relating to themselves, should they require them.
- Everyone said the caregivers understood people's needs and what was important to them. One family member told us they had written the plan of care on behalf of their relative and this had since been updated, due to a change in their needs. Another relative said, "They do come and talk to us about it [the care plan]. It was reviewed two months ago."
- Care plans did not reflect people's needs accurately. People had care plans, which included their interests and preferences. However, these were brief and contained basic details only. Staff had not incorporated some assessed needs and identified risks into people's plans of care. This could have had a detrimental effect on those using the service.

The provider failed to ensure care records were person-centred and always accurately reflected people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care).

Improving care quality in response to complaints or concerns

- Everyone told us they would know how to make a complaint, but no-one we spoke with had ever needed to do so. One relative said, "If I have a query, I would ring the office. They are very responsive." The provider had a clear policy, which informed people of the procedure to follow should they wish to make a complaint. This was included within the information provided to people when they began to use the service.
- The provider had systems for recording complaints. No complaints had been recorded since last inspection.

End of life care and support

- Staff had not received training to care for people at the end of their lives. The provider had a policy for end of life care and support to guide staff. However, staff training for end of life care was not identified on the training matrix and the registered manager confirmed this area of learning for staff had not been provided.

We recommend staff are provided with end of life training, so that they are able to provide this type of support, should it be necessary.

- We were told that no-one who used the service was currently receiving an end of life care package. However, the care givers' operational guide told staff that, on occasions, this may be necessary and to follow the 'Death of a client' procedure and then to complete the client journal.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At the time of our inspection the registered manager was on duty. The provider was also present throughout our inspection. Both were helpful and transparent throughout the inspection process.
- People we spoke with were very positive about the service provided and the attitude and knowledge of the staff team.
- The provider had established a wide range of updated policies and procedures which provided the staff team with clear information about current legislation and good practice guidelines.

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

- The provider did not effectively monitor the quality of the service. There was a lack of oversight of the service, as records relating to internal monitoring and auditing were poor. This was because they failed to show what was being audited or to recognise any shortfalls within the systems.
- A quality monitoring team from the organisation conducted annual audits and this was being completed at the time of our inspection. The provider told us client's records and care givers personnel files were looked at during this process, as well as the provision of staff training. As a result of this audit, an action plan was developed, so any areas in need of improvement could be addressed.
- The provider was unable to demonstrate they carried out effective audits. We asked the registered manager and provider for completed audits. The provider told us he checked client's and care giver's files at random and signed them off once checked. We looked at the personnel records of three care givers, who had been employed at the service for differing lengths of time, but none had been signed off. We looked at the care files of two clients, who had used the service for differing lengths of time. Neither had been signed off.
- The registered manager was unable to demonstrate how the quality of the service was monitored. We asked the registered manager for some records which had been signed off, as being checked. The records produced did not validate a thorough auditing system had been introduced, as the records simply contained initials and a date on the front of the files seen. There was no indication to show what had been audited, or if any actions were needed. The provider told us he had some computerised audits. However, he was unable to access these during our inspection. He told us the computer company had cancelled the system without informing any users.
- The provider told us he was planning to design a spreadsheet for monitoring and auditing purposes. The registered manager showed one inspector the owner's self-audit template. However, this was blank.

The provider had failed to ensure systems had been introduced which effectively assessed, monitored and improved the quality of service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

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

- The provider had a statement of purpose and had introduced clear visions and values. This helped people to understand the principles of Home Instead and be aware of the aims and objectives of the service and the facilities available.
- Staff meetings were held periodically. This helped to ensure any important information was passed on to the staff team.
- We saw surveys had been completed by both clients and care givers. The results of these were produced in graph format to make information more easily accessible to any interested parties. However, those we spoke with said they had not completed a survey recently. One relative told us, "I have not been asked for my opinion, but there is not a lot they could do better."
- People who used the service and staff we spoke with gave us positive feedback about the service provided and the management team. People told us they had regular visits from the manager or office staff to make sure they were happy with the service received.
- We saw a variety of thank you notes and compliment messages. One extract was to a named member of staff and this read, 'Just a note to thank you for everything you did for [name]. She appreciated your visits so much, your care and the way you entertained her, to keep her happy and busy. Without your support she wouldn't have been able to stay in her own home as long.' Another message read, 'Thank you very much for the wonderful service you gave to [names]. All staff were professional and caring and thanks to them [names] were able to remain in their home for another year. Of course I must mention [caregiver] who has been truly magnificent.'

Continuous learning and improving care

- We found no evidence to show continuous learning or lessons had been learned and improvements made when things went wrong. The provider told us they had plans to improve this system.

Working in partnership with others

- We saw evidence of the service working in partnership with relevant community professionals in both the health and social care sector. This helped to ensure people's assessed needs were being appropriately met.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure care records were person-centred and always accurately reflected people's needs.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems had been introduced which effectively assessed and monitored the quality of service provided.