

Mmeds Care Ltd

Home Instead Senior Care

Inspection report

Suite 4, The Grainger Suite, Dobson House
Regent Centre, Gosforth
NE3 3PF
Tel: 0191 213 5505
Website: www.homeinstead.co.uk/newcastle

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection. We visited the provider's offices on the 8 and 9 September and made calls to people using the service and their relatives on the 16 and 17 September. The last inspection was in March 2014 and the service was compliant with the regulations in force at the time.

Home Instead Senior Care is a domiciliary care service that is registered for the regulated activity of personal care. The service provides care and support to people in their own homes. At the time of inspection there were 31 people using the service.

There was a registered manager who had been in post since registration in 2012. 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.

We found that people's care was delivered safely and in a way of their choosing. They were supported in a manner that reflected their wishes and supported them to remain as independent as possible.

Summary of findings

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed. People and their family carers were supported to manage their own medicines if they wished.

Staff felt they were well trained and encouraged to look for ways to improve their work. Staff felt valued and this was reflected in the way they talked about the service, the registered manager and the people they worked with.

People who used the service were matched up with suitable staff to support their needs, and if people requested changes to their care hours these were facilitated quickly. People and relatives were complimentary of the service, and felt included and involved by the staff and registered manager. People felt the service provided met their needs and supported them as individuals.

There were high levels of contact between the staff and people, seeking feedback and offering support as people's needs changed quickly. People and their relatives felt able to raise any questions or concerns and felt these would be acted upon.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships and kept them involved in activities that mattered to them. Relatives thought that staff were open and transparent with them about issues and sought their advice and input regularly.

The registered manager was seen as a good leader, by both staff and people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff. Staff felt the ethos and values of the provider supported them to do their best.

Summary of findings

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. Staff knew how to work in ways that kept people safe and prevented harm from occurring. The staff were confident they could raise any concerns about potential abuse or harm, and that these would be addressed to ensure people were protected from harm. People using the service and their relatives felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated robust systems were in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines as required.

Good



Is the service effective?

The service was effective. Staff received on-going support and encouragement to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff attended the provider's induction and training.

Arrangements were in place to request support from health and social care services to help keep people well. External professionals' advice was sought when needed. Families were consulted and felt involved.

Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity, or had fluctuating capacity.

Good



Is the service caring?

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported, staff listened to what they had to say and this was reflected in their personalised and detailed care plans.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their family carers to provide individualised care.

Good



Is the service responsive?

The service was responsive. People had their needs assessed by the registered manager and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service, their families and following advice from external professionals.

People could raise any concerns and felt confident these would be addressed promptly through regular meetings with the registered manager or senior staff.

Good



Summary of findings

Is the service well-led?

The service was well led. The service had a registered manager who had regular contact with people and staff. There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service and helped the service to improve and develop.

The provider indicated their appreciation of the need to notify the CQC of certain events after we clarified when they needed to be submitted. People were able to comment on the service provided to influence service delivery.

The people, relatives and staff we spoke with all felt the registered manager was caring, approachable and person centred in their approach.

Good



Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 9 September 2015 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned people using the service, their families and carers over the 16 and 17 September 2015.

Before the inspection we reviewed any information we held about the service. We had received no notifications from the provider, notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the visit we spoke with eight staff including the registered manager, two people who used the service and two relatives of other people who used the service. We also spoke with an external professional who had contact with the service.

Three care records were reviewed as was the staff training programme. Other records reviewed included, safeguarding adult's policies and procedures and accidents and incident reports. We also reviewed four staff recruitment, induction, supervision and training files, and staff meeting minutes. The registered manager's action planning process was discussed with them as was learning from accident/ incident records and the services feedback reports from people and staff.

Is the service safe?

Our findings

People told us they felt safe when supported by the service. Relatives also told us they felt their family were safe when being cared for by the staff. One person told us, “I always have the same staff and if someone new comes they always introduce new staff to us. I’m never left wondering whose coming.” Another person told us “I always know whose coming. I get the same person twice a week, they always call if they are going to be late or let me know if someone else is coming when it’s holidays. Staff take me out and they always make sure I’ve got my stick and tell me if I need a coat.” Relatives also gave similar feedback, such as “There has been massive consistency of the service from the word go. Staff are all well trained, very observant and very good at spotting when something is wrong with (name). For example, (name) may be showing signs of being unwell and they will ring me up to tell me so I can call the doctor.”

We saw that staff had attended safeguarding training as part of their induction. Staff we spoke with felt that safeguarding or other safety issues would be dealt with appropriately by their managers. All the staff we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these. They felt confident that the registered manager would respond to any concerns they raised. Staff told us that keeping people safe was a core principle of their work. Whilst we were conducting the inspection the registered manager raised a safeguarding concern about another service provider whom a person they supported was also using.

As part of the initial assessment before providing a service, a risk assessment including home safety assessment was carried out, usually by the registered manager. These assessments led to either planned reductions in risk or the creation of contingency plans to manage the risk, if this was the person’s choice. This meant people were still able to make choices about how they lived their lives, and how their care was delivered. Staff we spoke with felt the high levels of contact between the registered manager, office staff and people receiving the service and their families helped to ensure these issues were discussed and resolved quickly. Staff had confidence that if issues arose they could contact the office or on call for advice and support.

We looked at how staffing was assessed for each person. We saw that the registered manager assessed each person

prior to working with them. The registered manager told us they would decline work where they did not have the right staff available to meet a person’s needs. Each staff member had a profile which then helped the registered manager match them up with a person who may wish to use the service. The registered manager would then introduce the new member of staff to the person, and when introducing new staff to an existing ‘customer’ would follow this same process of introduction before they worked alone. Some people’s needs were assessed as needing trained staff at key times for moving and handling. These were all risk assessed and the staff deployed had been trained in the correct procedures and safe use of equipment.

We looked at how staff were recruited and saw that the process was the same for all staff. All staff were subject to a formal application and interview process. Checks carried out by the provider ensured staff were safely recruited. Before staff were confirmed in post the registered manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee’s criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Six references were taken and the referees were called to check the details. The registered manager told us that all staff were assessed against strict criteria, which included their ethos towards working with people. We saw evidence of this in the interview records and from talking to staff. All care staff were on zero hour contracts which allowed them to be flexible regarding hours worked.

We looked at how medicines were managed. Some people had family carers and as part of the initial assessment agreement was reached about how medicines would be managed. Where people or their relatives chose to manage their own medication this was risk assessed and kept under review. Where the service had responsibility for medicines this was carried out by suitably trained staff. Records of medicines were kept at all times and subject to regular review by the registered manager to ensure the arrangements were effective. Staff who handled medicines had attended the providers training and regular refreshers. Care plans showed what the medicines were for and were detailed to support staff to manage them effectively. Staff we spoke with felt sufficiently trained to manage medicines

Is the service safe?

safely. One person told us “They (Staff) check my medication; there was a problem once as the chemist had put it in the wrong container, but they reported it and soon sorted it out.”

Staff told us they had all attended appropriate infection control training, and that the service always ensured that disposable gloves and aprons were supplied to the person’s home for their use.

Is the service effective?

Our findings

The service was effective at meeting people's needs. People told us they felt the service was consistent and provided the support they needed. One person told us "It's been very difficult for me recently but staff have been marvellous. I'm very very pleased. I don't think there is anything else they could improve on it's just so good I couldn't cope without them". Another person told us "The service is second to none; we have no problems at all. The staff know what they are doing. They come at good times for us and work together, are always flexible and try to work around any changes etc. that may crop up." Relatives we spoke with agreed, one told us "I couldn't be more impressed they've made a huge difference to (name)'s quality of life. We have had different services in the past but none have engaged with (name) like the staff from Home Instead." One relative, when we discussed the care planning process told us "They have carried out a very sensitive comprehensive assessment and (name) gets on really well with the staff who come in. It's fantastic." All the people, relatives and the professional we spoke with agreed they could find no fault in the service provided.

From records of staff induction we could see that all staff completed an induction programme based on the Care Certificate, (A Skills for Care Certificate now offered to care workers). All staff had attended training in key areas identified by the registered manager and one off training to meet specific people's needs. The registered manager kept a record of all staff showing when refresher training was needed. Regular observations of staff were carried out by senior staff to ensure care workers were following care plans and to get feedback from people. Staff told us they were regularly attending training and that it was relevant and useful to their work. Many staff had worked at other domiciliary agencies and told us they preferred having more face to face training in small groups.

We looked at staff supervision and appraisal files and saw there was day to day contact with staff where the registered manager or office staff visited people and spoke with staff. Records were kept which showed that formal supervision took place regularly. Annual appraisals looked at training needs and gave staff feedback on how they were meeting people's needs as well as identifying areas for

improvement. Staff we spoke with told us supervision was helpful, they felt able to discuss any personal or work issues that affected them, and they felt supported by the registered manager and their supervisors.

People and relatives told us they had regular contact with the registered manager, either in person or via phone. As part of their initial assessment, people were given information about the service and how to make contact for advice or support if staff were not present. People and their relatives told us if they contacted the office someone would come back to them quickly. One relative commented "They provide (name) with exactly what's been organised and have regular staff. They are flexible and provide whatever we need at short notice, we've had evening visits and overnight stays. They always try to match up the carer to (name), so they need to know and understand what (name) needs."

People's consent to care was sought at initial assessment and throughout the care planning process. Relatives, including those who held Lasting Power of Attorney (LPA), were consulted appropriately by the registered manager. (An LPA allows a person to make appropriate arrangements for family members or trusted friends to be authorised to make decisions on their behalf). We saw that the service had supported one person and then ended up supporting another person in the household as their situation changed. We saw that each person had their own clear care plans and were supported as individuals.

We saw that staff supported people to eat and drink, helping them maintain skills in the kitchen if possible by working alongside them. One relative told us, "We used to buy in frozen meals but they do some practical things with (name) and now cook fresh food for (name) instead." Staff we spoke with told us how they enjoyed supporting people to keep these independence skills.

We saw from records that people had access to support from health care professionals including GP's, district nurses and occupational therapy. There was evidence in care plans and other records that the staff were proactive in requesting occupational therapist input where people needed equipment installed in their homes for their safety. From our discussions and a review of records we found the staff had developed good links with other health and social care professionals to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

People using the service and their relatives all told us they felt cared for by the staff and by the registered manager's approach to them. One person told us "The staff are wonderful, they're kind and caring, there's nothing too much bother they always find the time to do things for us. It's been difficult for me these past weeks but the staff have been marvellous. Overall I am very happy with the service." Another person told us "The care staff are just lovely and never let me down. Health needs do change and are a bit up and down but they just rise to the occasion." Another person told us "I feel I'm in very good hands with the carer, she'll tell me if I need a coat and just keeps us going right." Relatives also confirmed this caring nature. One relative told us "Staff visit daily and they take (name) out on visits. (Name) gets on really well with the staff. The service is fantastic, (name) is taken to Tea Dances, out for coffee, to talks about the past, they've even found a special cinema viewing for people with dementia which they take (name) to." Another relative told us "They'll often bring (name) flowers which is lovely I'd certainly recommend them to anyone." No one we spoke with had any negative comments about the caring nature of the service.

A profile of each person was available in their care records which helped staff to quickly identify people's preferences in their daily lives, their hobbies, and important facts about their previous occupation and interests. This helped staff to be able to provide support in an individualised way that respected people's wishes. Staff we spoke with knew the details of people's past histories. We saw that written details of how people wanted to be cared for and supported were clear. For example, details about a person's specific daily routines was outlined in their care plan, and we were told this preference was respected by staff.

Staff had a good understanding of people and their needs. They were able to describe how they would promote

positive relationships and respect people's diversity. The provider had a clear statement and supporting policy and procedures regarding equality and diversity. Training was provided to staff on promoting equality and diversity to support this commitment. Positive feedback had been gained through reviews and the provider's survey about the caring approach of staff.

People and relatives told us people's privacy and dignity was respected. Staff were clear about this also and understood the need to ensure people's confidences. Staff were able to explain how they would use towels or screens when providing personal care, for example ensuring doors were shut and curtains closed when necessary. Staff understood when to share confidential information with families or any LPA's, and sought the advice of the registered manager appropriately.

One of the providers stated aims was to support people to remain as independent as possible. Staff were able to tell us how they did this by supporting people to retain and regain skills. This was achieved by encouraging them to attend external activities, and by supporting family carers to see the person for the things they could do, as well as the things they were now unable to do.

A number of the people using the service were receiving end of life care. We saw in records that people had been supported to make advance decisions, such as 'do not attempt resuscitation' orders and that these were reviewed regularly. Staff liaised with community health professionals to seek their input and advice, and people were supported to have dignified end of life care. Records showed how people wanted to be supported and gave details of how they wished to be cared for in a way that respected their personal preferences and beliefs. We saw that staff and the registered manager continued to provide practical help and support to family carers after people had passed away.

Is the service responsive?

Our findings

People told us the care and support provided responded well to their needs and changed with them over time. One person told us “I’ve never had any problems of any sort. The family sort things out with the manager if I want to go anywhere special or change anything, they always listen and sort it for me.” Another person told us “The service has been flexible from the word go, they never let me down and we get exactly what’s organised. The service is very flexible and will provide whatever we need even at short notice, we’ve had overnight stays and evenings when we’ve needed them.” “Relatives also told us the service was responsive. One relative told us “There was one time when (name) had been ill and the carer said I looked tired and looked as if I needed a good night’s sleep and they came in that night to stay over, it was a real help.” Another told us “We have had different services but the staff didn’t engage with (name) like the Home Instead staff do. (Name) was completely housebound but they go out now and it’s lovely. It’s made a huge difference to (names)’s quality of life.”

People’s care and support was assessed and planned in partnership with them. Everyone we spoke with said they were involved in their care planning and said the registered manager ensured they got both people using the service and relatives’ views. Care was planned in detail before the start of the service and the registered manager spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an ongoing relationship between the registered manager and each person. This ensured they remained aware of people’s needs and enabled them to monitor the service provided.

From the information in people’s initial assessments, individual, more detailed care plans were developed and put in place and regularly reviewed. Care plans were clear and were designed to ensure staff had the correct information to help them maintain people’s well-being, safety and individual identity. The care plans showed people received personalised care that was responsive to

their individual needs and preferences. Staff we spoke with told us that care plans were always detailed enough that they knew how to meet someone needs. As part of the first introduction the registered manager, or another senior staff member, held an hour long introduction meeting with the person and new staff. This meant that staff or people using the service had a chance to ask questions and clarify any finer details. The registered manager also told us this meant they could check the initial match had worked. The next day the registered manager would contact staff and people to check the first day had gone well and they then regularly reviewed the plans with all parties.

Records and feedback showed that staff supported people to access the community to keep interests and hobbies alive. People attended specialist events for people with dementia, or mainstream activities such as pottery or archery. Each person’s plan was responsive to their individual choices and the feedback we had from people and staff was that each person had control and choice. The registered manager told us how they liaised with other organisations who supported older people to help find and develop more activities for their people to use in the future.

We discussed complaints with the registered manager. As part of the service introduction the complaints policy and procedures were explained to people and their relatives, and they were encouraged to speak to the registered manager at any time. We could see that there had been no complaints. The service kept a log of compliments from people and relatives and fed these back to individual staff. Staff we spoke with about complaints told us they would support people to raise any complaints. They did not see this as a negative, but an opportunity to put things right.

Records showed us that some people continued to receive support from the service after they moved into residential care services. We saw that information was supplied to the new care provider and that staff were proactive in making sure they liaised effectively with any new provider. We saw that where staff had raised concerns about a new provider this had been managed appropriately by the registered manager.

Is the service well-led?

Our findings

The service was well led. People and relatives we spoke with all told us they felt the service was managed well and they had confidence in the registered manager. One person told us “The manager visits us from time to time to see how things are going and overall I’m very happy with the service.” Another person told us “I don’t think there is anything else they could improve on it’s so good. I couldn’t cope without it.” Relatives also agreed, one told us, “I’ve found the Home Instead service is very responsive and the minimum visits of an hour are very good. Staff have got time, the manager carried out a very sensitive assessment as (name) was in denial that they had dementia. It’s just been fantastic.”

Staff we spoke with told us the registered manager was approachable, knowledgeable, caring and always there to support them. Most of the staff had either worked at other domiciliary agencies in the past or other care services. All of them told us this was the best working environment. They told us the values of Home Instead Senior Care were person centred, and that the registered manager reflected that ethos in how they were supported as staff. The registered manager told us, “If I have happy staff, I have happy clients.”

Throughout our visit the registered manager was clearly proud of the service provided to people and the quality of service provided. They were able to articulate the provider’s vision and values, which were clearly focussed on building on existing good practice, ensuring people’s needs were met as the first priority and in developing the staff team. They stated the service needed to grow gradually, and highlighted the fact that staff knew people using the service as distinct individuals as a key strength.

The registered manager had signed up to the ‘Social Care Commitment’, a joint Department of Health and Skills for Care initiative. The Social Care Commitment is the adult social care sector’s promise to provide people who need care and support with high quality services. One staff

member had also won the Home Instead Senior Care ‘Caregiver of the Year’ award. The staff member told us how the ethos and values of the provider and the registered manager had supported them to, “Be my best, and provide the service I would want for my family.” The service also recently won a regional award from Homecare.co.uk based on feedback from the public.

We discussed notifications to the Care Quality Commission (CQC) with the registered manager. There had been expected deaths where a notification should have been submitted. We clarified with the registered manager when these needed to be submitted. They were clear about their role as a registered person and had sought advice previously from the CQC to ensure they were meeting their statutory requirements.

We reviewed the recent survey of staff and people carried out by the provider. Results from this were all positive with no unfavourable responses from people using the service. Staff survey results were broadly positive with any minor unfavourable results relating to non-care issues. The registered manager was looking at how to offer staff a career path within the service in response. We also saw that the registered manager and other senior staff undertook regular visits, carrying out observations of staff practice as well as seeking feedback from people. The registered manager told us they had periodic staff meetings and staff were also kept people up to date with regular communications and phone calls. This was confirmed by staff.

We saw the records of a recent audit visit from the parent organisation of Home Instead in July 2015. Areas for development had been acted upon by the registered manager.

The registered manager told us about links they had developed with a local University and other support services for older people. They collaborated with these agencies to further develop services for older people, as well as offering training and support to develop family carer’s skills.