

Sefton & Merseyside Senior Care Services Limited

Home Instead Senior Care

Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Home Instead Senior Care is a registered with the Care Quality Commission to provide 'personal care' to people living in their own houses and flats in the community. It provides a service to older adults. Home Instead Senior Care office base is located in Southport. The office building has accessibility for people who required disabled access.

At the time of our inspection the service was supporting 100 people who were located in Southport and wider areas of Sefton. At the last inspection, the service was rated Good.

At this inspection we found the service remained Good. The service met all relevant fundamental standards.

A registered manager was in post. The registered manager had led the care team consistently for eight years.

The key strength of the service was that support was provided to people on a flexible basis and in accordance with their identified needs. People who received care and support provided us with consistently positive feedback. They said they received a reliable service and an excellent standard of support from caring, kind and compassionate staff. One person said, "They are very compassionate; my [relative] has developed a bond with one of them in particular" and "There is an element of companionship. They are always interested in you as a person."

Relatives we spoke with were equally positive and spoke about the quality of the supportive relationship care staff had built. One relative commented, "I am relieved that it has gone so well and I can relax. It is quite amazing how well they have got to know [person] – the set-up is quite astonishing."

There was a consistent staff team and a key quality initiative of the service was staff being matched to people with the same interests to help build a positive relationship. This was central to the ethos of the service. A staff member said, "We always have time for clients."

People told us that staff treated them with kindness and respect. It was clear from care and incident records that staff were vigilant in monitoring people's moods and behaviours and provided care in accordance with people's needs.

There were policies regarding equality and diversity. Care records contained information about people's individual preferences and history which would include areas of cultural diversity and protected characteristics.

The service maintained effective systems to safeguard people from abuse and individual risk was fully assessed and reviewed. This included when people needed support with managing their medicines.

We saw evidence that the service learned from incidents and issues identified during audits. Records showed evidence of review by senior managers.

People's needs were assessed and recorded by suitably qualified and experienced staff. Care and support were delivered in line with current legislation and best-practice.

The service ensured that staff were trained in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide safe, effective care and support.

We saw clear evidence of staff working effectively to deliver positive outcomes for people. People reviewed were receiving effective care and gave positive feedback regarding staff support.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The professional that we contacted did not express any concerns about the quality and effectiveness of these relationships. We saw evidence in care records of people being supported with input from community professionals such as occupational therapists and professionals from the palliative care team.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA).

We checked the records in relation to concerns and complaints. The complaints' process was understood by the people that we spoke with. We saw evidence that complaints had been responded to in a professional and timely manner by the registered manager or a senior manager.

People spoke positively about the management of the service and the approachability of senior staff.

Home Instead Senior Care had well developed quality monitoring processes and the registered manager had support from other senior managers including a general manager. Policies and procedures provided guidance to staff regarding expectations and performance.

People using the service and staff were involved in discussions about the service and were asked to share their views. This was achieved through daily contact by the managers and surveys. The most recent survey yielded a very positive response.

Further information is in the detailed findings below

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The registered manager, the nominated individual and staff were committed to providing a very caring and compassionate service. This was reflected in their day-to-day practices and throughout the services training and philosophy.

Discussions with staff showed a genuine interest and a very caring attitude towards the people they supported. People reported that staff showed a genuine interest and concern for their wellbeing.

People were very pleased with the consistency of the staff team and they valued the care, support and companionship offered to them. Staff were motivated and were proud to work for the service and spoke positively about the company's ethos of care.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains 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 was a comprehensive inspection.

The inspection took place on 19 and 20 March 2018. We gave the provider notice of the inspection in order to ensure people we needed to speak with were available and to arrange consent for visits and telephone calls we made. The inspection team consisted of two adult social care 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; the expert carried out telephone interviews.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with eight people using the service, 11 of their relatives, four health and social care professionals, staff, the registered manager and senior managers from the organisation. We spent time looking at records, including six care records, three staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

Is the service safe?

Our findings

All of the people we spoke with and their relatives told us that the service was safe. Comments included; "They are excellent. I need them to help me in the shower as I would not feel safe without them." A relative commented, "They assist [person] in dressing and showering and make [them] feel perfectly safe."

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about local safeguarding procedures was available to staff. Each of the staff that we spoke with was able to explain their responsibilities in relation to safeguarding and whistleblowing (reporting outside of the organisation).

The service monitored and assessed staffing levels to ensure sufficient numbers of staff were available to provide the necessary care and support for individual care packages. People we spoke with told us they were supported by staff who were always on time. Staff also stayed for the allocated time of the call.

Thorough processes were followed to ensure staff were suitable to work with vulnerable people. We looked at three files of staff employed and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw appropriate checks had been made.

Medication systems and processes were being safely managed. Medication was only administered by staff who had received the relevant training and were also assessed on-going to help ensure continued competency. Medication records indicated that people had been supported to take medication as prescribed. We had some discussion regarding the new medication guidelines for Domiciliary Care Agencies developed by NICE [National Institute for Clinical Excellence] and the need for any future policy developments to take account of these.

Health and safety assessments were made available during the inspection. These included assessments of the person's home environment to assess for any hazards or risks as well as assessments for staff who were lone working. Spot checks were undertaken by senior managers to help ensure staff were carrying out care safely. One person told us, "The managers came not long ago and suggested some changes to improve safety."

Other areas of individual risk was assessed and reviewed. The care files we looked at evidenced risk assessments in areas such as falls, nutrition and mobility; these were regularly reviewed. A health professional told us they had worked with the service to ensure safe moving and handling for one person who had particular care needs and needed further assessment.

The new general manager was in the process of devising a health and safety audit to provide a regular and consistent check regarding the safety of the office base for staff. This would include the training facility for staff. We toured the office accommodation and did not see any obvious hazards. The hoist used for training had been routinely maintained.

Procedures to reduce the risk of infection were in place. We saw personal protective equipment (PPE) such as gloves and aprons were supplied for staff. People we spoke with told us these were routinely used by staff when carrying out personal care.

Is the service effective?

Our findings

People spoke positively about the effectiveness of care staff [Caregivers]. One person told us, "They are very good. I am that confident I just let them get on with their job." A relative commented, "They are certainly skilled and very able to do their job." Another relative commented, "I am impressed with the caring and how much they know. Their training must be very good."

Staff were trained appropriately. Training was subject to regular review to ensure that staff were equipped to provide safe, effective care and support. Training needs were reviewed during the supervisions and appraisals as well as the regular observations and competency checks carried out by managers. One staff said, "The four day induction is very good and equipped me well to do the job." The four day induction package covered the standards in the Care Certificate; the government's blue print for induction training standards. The provider had also developed specialist training around understanding and supporting people with dementia which had been accredited. All staff spoken with reported they felt supported and the support was on-going and consistent. Another staff reported, "The managers are straight into any issues and are always there for us."

The registered manager reported that the essence of staff training and support was the regular competency checks carried out. Staff were supported to have further training if they were observed to need this; rather than a regular schedule of training updates. Staff were supported in their skills based by an on-going programme of NVQ / Diploma courses in care as part of QCF (Qualifications Credit Framework) although we noted that only 24% of current care staff had these qualifications.

Supervision meetings were held every three months and staff had an appraisal. Staff support included staff meetings. The registered manager also explained there was an 'Employee Assistance Programme' that provided a free confidential information and counselling service to all staff to support their health & wellbeing.

We found the service liaised effectively to ensure that people being supported accessed health care when needed. One person we reviewed had experienced changing care needs over a space of time and these changes had been monitored by staff in liaison with external professionals. One professional we spoke with said, "They [Home Instead] are very professional and liaise well with us. For one [person] we got a care package sorted very quickly. They are very reliable." Another professional commented, "One patient had difficulty with hoisting [moving by mechanical hoist] and the staff worked well with them by building trust and confidence."

The registered manager was able to demonstrate an understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) (MCA) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff had undertaken training in the Mental Capacity Act 2005 and told us they had carried out mental capacity assessments for people who used the services of the agency if required. This helped to ensure decisions were made in people's best interests.

It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. The care records that we saw showed evidence of consultation and people had signed to indicate that staff could access information and for other key areas of consent to care. Although this was not clear on all documentation kept in people's homes there were supporting records in the services offices.

Where required people were supported to eat and drink in accordance with their needs. None of the people we reviewed had particular care needs around nutrition. One relative we spoke with said, "The carers prepare my [person's] meals, as [they] has lost the ability, and they do it very well. They always ask what [person] wants to eat from what I have bought."

Is the service caring?

Our findings

At the last inspection in July 2015 the service was rated as 'outstanding' in this key question. On this inspection we found the 'caring' element had been maintained to a consistently high standard.

People we spoke with were unanimous in their feedback that staff were very caring and had developed very positive and extended relationships with them over a consistent length of time. Comments included; "Definitely [caring], it is always a pleasure to see them," "They are also very trustworthy, if I ask them to do something and they are more than willing to do it; if I run out of something they will even go to the shop for me," "They are very compassionate; my [relative] has developed a bond with one of them in particular," "Absolutely, if there was a score from one to ten they would be off the scale," and "There is an element of companionship. They are always interested in you as a person."

Relatives we spoke with were equally positive and spoke about the quality of the supportive relationship care staff had built. One relative commented, "I am relieved that it has gone so well and I can relax. It is quite amazing how well they have got to know [person] – the set-up is quite astonishing."

We found a strong ethos of 'care' throughout the inspection. There were two key elements of Home Instead's operational policy that assisted this process. The service only accepted referrals for visits for a minimum of one hour and all staff were 'introduced' to clients personally and new staff joined a small group of 'CAREGivers' who would then support that person. This meant that staff had time to build relationships and were not pressured or rushed in their support and care. It also meant that staff could gain a deeper knowledge of the 'client' as a person. People we spoke with and their relatives told us this was one of the main reasons they had chosen the service provided by Home Instead Senior Care; people felt reassured that care staff were not constantly changed.

This was evidenced by the staff we spoke with. Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to care documents and were given time to read them and to ask questions about people's care plans. They felt this was an important part of getting to know what mattered to people.

In addition the manager explained in the provider information return [PIR], 'When we select new CAREGiver's, our focus is on their attitude towards the role. We select those who demonstrate empathy, compassion and the drive to make a real difference'.

A staff member commented, "I've got five clients to look after; all one to two hour calls. I can take my time and do anything extra the client may want such as a chat. It's very relaxed and we get to know people really well."

We were shown an example of good practice around staff training which heightened staff's awareness of a person's individual needs and the challenges they faced. This was particularly so with people living with dementia. The registered manager explained in the PIR notes, 'We offer a city and guilds accredited training

programme in Alzheimers and other dementias. We have delivered this training to many of our CAREGivers and plan to roll it out as a scheduled training session so that every CAREGiver can attend as part of their on-going training'.

A health care professional we spoke with told us the ability for staff to attend for longer periods was important in building trust. This had been exemplified with one person who had difficulty in accepting the use of a hoist. Staff had spent extra time explaining and supporting the person resulting in a positive outcome. We spoke with a trainer who supports care staff through NVQ and Diploma training who told us, "When I do observations the carers are never rushed – It makes the care more personalised."

All of the people we spoke with told us staff were consistently on time and they could choose the times of the calls.

The service had developed a range of policy statements around equality and diversity including religious belief, which we saw. The current client list for the service did not include a great deal of cultural diversity; however the policy statements and assessments carried out evidenced attention to people's diverse backgrounds. For example, for people living with dementia the registered manager explained in the PIR, 'We will work with others to build a picture of their background, personality, preferences and routines that are historical. It is really important to find out how the client wishes to live their life and then design their care, to facilitate that. Acknowledging what is important to the person as much as what is important for them'. Building relationships was included in the induction training for staff at Home Instead. The PIR stated, 'The learning module consists of learning about equality, diversity and inclusion in detail as well as building trust through great communication'.

Staff told us privacy, dignity and confidentiality were also discussed on induction and that this formed an integral part of the organisation's training programme. Staff told us their care practices were observed by senior staff when they started and through the on-going training programme to ensure they were caring for people in a respectful and dignified manner.

The registered manager demonstrated a very clear understanding and commitment to providing a more 'person centred' approach to care which ensured people receive care and support tailored to their individual need and spoke about this throughout the inspection. This was exemplified in much of the services literature. The PIR for the service stated, 'We have a clear mission statement and brand promise both of which promote an environment where a strong positive relationship is developed between our CAREGivers's and clients'.

The registered manager was aware of how to contact local advocacy services should a person who used the service require this support. We saw in the information provided to people at home that a full list of advocacy services locally and nationally were advertised.

Is the service responsive?

Our findings

People told us the service was responsive to their care needs. Everybody we spoke with told us they had been involved in developing their plan of care so it suited their individual needs. A plan of care records people's care needs and instructions to staff on how to provide care and support in accordance with individual need. One relative commented, "I know the person who organised my [relative's] care and the person who comes round to review the care plan."

We found the content of people's care plans to be personalised and reflect their key needs although they varied in their detail. The detail around people's backgrounds and interests was clearly recorded but some information such as one person who was living with dementia had only very brief detail regarding communication needs. Another care plan had not been updated following changes to the person's care. We discussed this with the registered manager who told us care records would be updated. Along with people's plan of care, risk assessments and daily records were in place. The daily records provided an over view of the care and support given by the staff.

People's care was subject to review with them and with relatives where appropriate. One person we reviewed had a progressive and deteriorating condition. By liaising with the family and professionals Home Instead had been able to provide support and extra cover at short notice. All of the people we spoke with told us the service was very flexible if changes to times of visits were needed to receive care when they needed it. Information about how to contact the agency out of normal working hours was made available to people who used the service.

None of the people we reviewed were being supported for 'End of Life' [EOL] care. The registered manager reported that the franchise had developed City and Guilds accredited End of Life training and this was to be rolled out for staff. Staff reported that senior managers were particularly supportive when people they had cared for had passed away. The registered manager advised us of an internal counselling service for staff. One care staff member told us the senior managers at Home Instead were also available and would provide counselling and support to staff if needed.

The service was able to identify a series of communication and information leaflets that were regularly disseminated to people using the service to tell them about events and activities locally. This was also given out to local GP surgeries and church groups. Care staff had attended some of these events with people using the service to support them. Key information about the service such as the complaints procedure, information on advocacy services or other service guides, were not currently available in different formats for people with a disability such as dementia or sensory loss; for example 'easy read' or pictorial information.

The registered manager advised us that documents are now provided in a larger font for all client correspondence. This was a response to client feedback which the service had acted on.

The provider had a complaints procedure and information about how to make a complaint was provided to

people when they started using the service. All of the people we spoke with and their relatives knew how to complain. One person said, "Yes I do know how to make a complaint but I have never had to."

The registered manager told us if a complaint was received it would be investigated and lessons learnt shared with the staff. One person told us they had raised an issue regarding care staff failing to attend on one occasion. They said they had not received any feedback regarding this. During the inspection the registered manager reviewed this and advised there had been a lack of communication between the office staff and herself as she had not realised the issue had been raised. We were advised the registered manager would get in touch with the person concerned to follow through. Another complaint we reviewed had been investigated appropriately and a response sent.

Quality monitoring systems used across the service were designed to explore the experiences of people who used the service. People and relatives could share their views and make suggestions. This included the provision of satisfaction questionnaires, the results of which were analysed and shared with the staff. The feedback we saw evidenced a high rate of satisfaction with the service.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was open and constructive throughout the inspection. The PIR notes for the service told us, 'The Registered Manager has been employed by the company since July 2007 and shares in the values of the company, promoting a service which is built on Trust'. We found this philosophy was transmitted throughout the service and staff moral seemed to be high with staff telling us they liked working for Home Instead.

Sharing experiences and best practice was also supported by an internet-based forum where business owners and care managers could raise queries and questions to other owners and care managers.

The 'franchise' structure of the business helped ensure a clear management structure with clear lines of accountability. Communication with the national office was good and management and quality support was available for the service. The PIR stated, 'In 2017 a General Manager was employed to review the strategy for the business and implement changes required to allow for growth'. The outline of the business plan was clear.

We spoke with the business manager and highlighted some areas that still needed development outside of the main areas for review. These included local health and safety audits and routine checks for the office location and the development of a more diverse range of accessible information for people / clients with sensory loss or learning needs. The current auditing process had not identified all care plans that needed updating.

Overall, the provider had a well-developed performance framework which assessed safety and quality in a number of key areas. This quality assurance processes were continuing to develop and modify. Policies and procedures provided guidance to staff regarding expectations and performance.

People spoke positively about the management of the service. One person said, "I do see the managers, I am on first name terms with all of them." Another person commented, "Quality Assurance come round regularly and I have seen the manager occasionally but she is busy." All of the people we spoke with said the service was well run.

Staff and managers spoke with clarity and enthusiasm about their roles and demonstrated a mature and transparent approach when questions were raised during the inspection. It was clear that senior staff and managers understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner and the ratings from the last inspection were displayed as required, including the provider website.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through the completion of survey questionnaires. The PIR notes told us, 'We ask for feedback. We also fully explain the comments, compliments and complaints section in the service user guide, that is provided to all clients and we have a suggestion box in our office. We feel that we do everything we can to ensure that we are providing a quality service'.

The service also ran a Facebook page which was used to connect with the public, staff, clients and the community regarding issues, topics and events from Home Instead Southport and Formby. The registered manager reported this had communicated and enhanced understanding of issues in social care and had helped improve knowledge and understanding.

The service also benefited from an external organisation who conducted an anonymous annual survey called PEAQ (Pursuing Excellence by Advancing Quality) with both people using the service and staff. The results were used to continually improve the service and to improve as an employer. The results from the 2017 survey were very positive and showed 98% of people who responded said that they would recommend Home Instead Senior Care to a friend who was looking for help.

The registered manager was able to provide evidence of how the service engaged in partnership working with other local providers. For example, sitting on the Care Provider Forum at Southport and Ormskirk Hospital Trust and also being the Vice Chair of a local Dementia Action Alliance to promote positive working in the community. A local guide to 'What's On When' had been worked on in collaboration with health professionals and distributed in the community to enhance the lives of elderly and vulnerable adults and to further develop community links.