

KAW Care Services Limited

# Home Instead Senior Care Bury

## 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Home Instead Senior Care Bury is a domiciliary care agency which provides care to people who live in their own homes. The service was currently supporting 110 people.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

At our last inspection of February 2016, we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People we spoke with and a relative told us staff were reliable and were trusted which made people feel safe. Policies, procedures and staff training in safeguarding topics gave staff the knowledge to identify and report abuse.

The systems for the administration of medicines was safe and staff had their competency to administer medicines checked to ensure they followed safe practice.

There were sufficient staff to meet people's needs and people who used the service said they had the same staff which meant they knew them well. Staff were also robustly recruited to ensure they were safe to work with vulnerable people.

Incidents, accidents and complaints were investigated to find possible solutions.

The office environment and was well maintained and contained sufficient equipment to meet the day to day running of the service. We saw staff had access to computers, telephones and other equipment to provide support to staff and people who used the service.

There were risk assessments for personal care and to ensure each person's home was safe.

People were supported by staff who had training in nutrition to ensure their dietary needs were met.

Staff received an induction when they commenced working at the service and sufficient training to feel confident in their work. Staff were also able to discuss their careers during supervision and appraisal to help further their careers.

People signed their agreement to their care and treatment and were involved in reviews of their care. The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA).

People who used the service said staff were kind and did exactly what they needed them to do.

All records were stored safely and staff were taught the principles of confidentiality.

The background history of people who used the service helped staff formulate a plan which encouraged independence where possible.

Plans of care were detailed and reviewed regularly. The plans clearly informed staff of the care and support people required.

Activities were provided which were suitable to the people who used the service. Staff researched social groups people may like to attend and encouraged them to do so.

People we spoke with did not have any concerns but were given the information to raise a complaint if they wished.

The provider liaised with many other organisations which we saw gave people benefits as individuals and for the service as a whole, for example attending local authority meetings to discuss best practice guidance.

The service gained the views of staff, people who used the service and family members to help to maintain and improve the service. Managers conducted audits to check on the quality of service provision. There was an open and transparent culture and encouragement for people to provide feedback.

## 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 remained safe with a rating of good.

### Is the service effective?

Good ●

The service remained effective with a rating of good.

### Is the service caring?

Good ●

The service remained caring with a rating of good.

### Is the service responsive?

Good ●

The service remained responsive with a rating of good.

### Is the service well-led?

Good ●

The service remained well-led with a rating of good.

# Home Instead Senior Care Bury

## **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 an announced inspection and was conducted by one adult social care inspector on 08 and 09 January 2018.

We requested and received 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 used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Bury Healthwatch and local authority for their views of the service and they did not have any concerns.

We spoke with four people who used the service, a relative, the registered manager, the provider and two care staff members.

We looked at the care and medicines administration records for four people who used the service. We visited four people in their own homes with their permission. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

# Is the service safe?

## Our findings

At our last inspection in February 2016 we rated this domain as Good. At this inspection the rating remained Good.

People who used the service said, "I feel exceptionally safe with the staff. I have no hesitation now in walking because they have given me confidence"; I trust the staff and feel safe. I have had other agencies but this one is better" and "I definitely feel safe. I trust my staff member with my life. We just clicked like you do sometimes." A relative said, "I feel safe leaving my relative with the staff. We have four staff members and they are all trustworthy."

There were policies and procedures for safeguarding adults and staff were trained in spotting and preventing abuse. This included the details of the local authority safeguarding team staff could contact. Staff had a whistleblowing policy they were aware of. This policy gives staff confidence to report any possible abuse with no recriminations from the service. There had been one safeguarding issue, which we saw had been recorded and action had been taken to prevent reoccurrence.

There were sufficient staff to meet people's needs. People who used the service said, "I think all the staff have been vetted and are 100% trustworthy. We get the same girls. If there is a problem they let us know. The office will contact us if they have any problems being held up at their last call" and "They look after me very well and I get the same two staff."

We saw the service had a robust recruitment procedure when we looked at four staff files. This included obtaining the necessary checks and references. We saw any gaps in employment were identified and investigated. This showed staff were safe to work with vulnerable people.

The administration of medicines remained safe. A person who used the service told us, "Staff remind me to take my medicines and pass them to me to take." The other people we visited self-medicated. At the last inspection the administration of medicines was good. The registered manager audited the system to check for any errors weekly and all staff who administered medicines had been trained to do so. The service used the National Institute of Clinical Excellence (NICE) guidelines to guide staff in good administration practice.

We saw people had risk assessments for personal hazards such as moving and handling and for the environment to ensure people who used the service were safe in the homes.

People in their own homes are usually responsible for the prevention and control of infection. The service followed the National Institute of Clinical Excellence (NICE) guidelines for the prevention and control of infection. This is considered to be best practice. Staff were also trained in infection control and the registered manager said they would and did advise people in good infection control practice.

Equipment in the office was maintained and there was a business continuity plan to ensure the service was able to function in an emergency.

Incidents and accidents were recorded and reviewed by the registered manager to try to minimise any further occurrence.

# Is the service effective?

## Our findings

At our last inspection in February 2016 we rated this domain as Good. At this inspection the rating remained Good.

People continued to tell us staff had the knowledge and skills needed to provide an effective service. People told us staff gave them the care they wanted and they were involved in their care and support reviews. We saw people had signed their agreement to the care and support they received.

We asked people who used the service and a family member if staff turned up on time and stayed the allotted time. People who used the service said, "The staff are very reliable. They are always very prompt" and "They let us know if they are going to be late. I would recommend the agency." A relative told us, "They are okay and I would soon tell them if they were not. They are reliable."

People we visited had varying needs with regard to their support to take a nutritious diet. One person told us, "The staff prepare food for me and leave my house clean, tidy and lock up behind themselves." A relative said, "We make all the meals but staff tidy up and leave the house clean and tidy." We saw that any nutritional needs were recorded in the plans of care and if required staff would get advice from a dietician or speech and language therapist (SALT). Staff were trained in good nutrition and we were told they would provide advice if required for a person who was not taking a good diet, although people who live in their own homes had the choice in what they ate. We saw a person who had been left a snack for later in the day which was covered and within reach of the person.

Staff continued to receive the training required to help meet people's needs. A staff member said, "I completed the induction when I started. Staff new to the care industry completed the Care Certificate which is a nationally recognised training system for new staff. We saw some staff files contained certificates for this training. A relative said, "The staff appear to be well trained." A staff member we spoke with said, "There is a lot of training. It helps us to do the job. I have completed dementia and end of life training as well as the other training." We looked at the training records and saw staff had completed the mandatory training such as moving and handling and some staff had also completed a health and social care course, for example a diploma.

Staff were given a handbook when they commenced working at the service which gave staff guidelines for working at the agency, key policies and procedures such as confidentiality and health and safety topics. Staff could refer to this document for good practice guidance.

A staff member said, "I have supervision and appraisal. You get chance to discuss your career. It is how I became a senior." We looked at the records for supervision and appraisal. Appraisal was yearly and supervision at least twice a year. There were also spot checks to see how competent staff were performing around personal care tasks and the safe administration of medicines.

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.

We checked whether the service was working within the principles of the MCA. We found the service had an up to date MCA policy and procedures in place and staff had all received training in this area. We saw that mental capacity assessments had been completed and best interest meetings held with the involvement of the relevant people including family members, where applicable and necessary. Staff had been trained in the MCA and DoLS and were aware of people's rights, although as is normal for this type of service they had not been involved in any applications for a DoLS.

All the people using the service we spoke with and their relatives told us staff sought their consent before providing care, and we observed this happening during our visits to people's homes.

The registered manager and people who used the service said staff would support them to attend health appointments if required.

Managers regularly visited people who used the service and besides reviewing care asked people for their views about the services offered by the agency. We were told there were no current people who used the service who required any specific communication aids.

There were separate rooms at the office for staff training, day to day running of the agency and private meetings.

## Is the service caring?

### Our findings

At our last inspection in February 2016 we rated this domain as Good. At this inspection the rating remained Good.

People who used the service said, "The service is excellent. I have experienced the worst so I know they [Home Instead] are good. The care is excellent. I am delighted with this service. It gives me the independence I need and the ability to look after my dependent relative with staff backup"; "I am satisfied with the staff and care I get. I am very happy with this agency" and "My staff member is kind. I had another agency and they were not as good as this."

A relative said, "They are all very kind and they do extra things if my relative needs them. Our relative gets the care she needs and is very well looked after. We recommend the service to other people. The staff are caring, they do not just do it as a job. They go above and beyond."

All the information we received from talking to people, documents we read (including quality assurance surveys) and other organisations involved with the service showed the service was regarded as a caring organisation. The independent organisation who conducted the survey said 'They (the service) are very professional and really care about the clients and training was a high standard. The staff are professional and everyone is friendly and helpful. Staff made positive comments about the training they received.'

A staff member said, "I love working here. I like to help people. I would recommend the service to others and would be happy for a family member to use the agency."

One member of staff had been encouraged to become a 'dignity champion'. This was further training for the staff member in dementia related topics and promoted a dignity in dementia ethos. This staff member passed on her knowledge to other staff to promote better care for people with a dementia.

A person who used the service said, "I make my own food. Staff just support me with things I need. I do all my own laundry. The support is provided to help me remain independent." We saw from the information supplied in the plans of care that each person's ability to complete tasks themselves was clearly documented. The registered manager said that the service they provided was centred around each person and the support provided was aimed at keeping people in their own homes. We saw thank you letters from people who used the service which supported this.

Staff were trained in equality and diversity. The service employed a diverse and varied work force and people's cultural and ethnic needs were assessed using a person centred approach. Several care staff were multi-lingual and able to communicate with people with South Asian, Hebrew and European languages. The area the service operated in had a large percentage of people from diverse backgrounds. We were told there were no current people using the service who had any cultural or ethnic needs. The registered manager said that if needed they would research any information on the internet to aid in their person-centred approach. The service did help people attend religious services if they wished to practice their faith.

Plans of care contained a background history of people who used the service and their likes and dislikes. This guided staff in treating each person as an individual. Staff were also matched to people who used the service to help ensure a good relationship was formed.

One member of staff was funded by the service to attend a charity which supported people who had a stroke or brain injury. The knowledge gained during the sessions with this charity was passed onto care staff. This helped the service effectively communicate with people with this type of health related condition.

We observed one member of staff and the registered manager when we visited people who used the service. The staff member was considered to be 'family' and the registered manager had a good rapport with people and knew them well. On every visit the registered manager asked if there was anything the person needed help with whilst we were there.

All records we examined were stored safely and staff had information and training around confidentiality, including the use of social media.

People were given information about the advocacy service. An advocate is a professional who works with a person to ensure their rights are protected. One person used the advocacy service for financial and personal matters.

## Is the service responsive?

### Our findings

At our last inspection in February 2016 we rated this domain as Good. At this inspection the rating remained Good.

People who used the service told us, "They would listen to me if I had any concerns. I have raised an issue and it was addressed and they sorted it quickly" and "I have no complaints." A relative said, "I have contacted the manager once when I was not happy with a member of staff and they changed the staff member." Each person was supplied with a copy of the complaints procedure they could use to raise a concern if they wished.

The service continued to access people's needs prior to them using the service.

Plans of care continued to be developed and reviewed with people who used the service or where required a family member to ensure they received the care and support they needed.

People who used the service told us, "I know my care plan back to front. It is accurate and my needs are met. I can speak for myself and my husband. They review my care and they come along and talk to me. They also spot check staff and talk to me then as well"; "They are all responsive to anything I ask" and "I have had a review today and the care plan is what I get and need." A relative said, "I have looked at the care plan and it is accurate. We have a review and I attend."

Activities were arranged separately for people who liked a quieter day and on another day for those who liked a more social occasion. People were assisted to attend activities of their choice. We saw that people had been supported to visit museums, went shopping, attended various groups and cafes for socialising and out for meals. We saw photographs of the events that people had attended. We saw staff had raised money for charities and one activity which had been partially funded had been a trip on the local steam train.

Staff were also encouraged to look at initiatives to provide people with meaningful activities and social events. A staff member was organising groups for people who used the service and the wider community to attend. We saw people were able to attend café's where people with dementia were supported. The service also provided staff to attend memory groups for reminiscence therapy.

There was a handover between the member of staff on call and staff coming on duty each day to ensure any important information was passed to the necessary care staff to take any action that was required.

The agency did not specifically provide end of life care, however staff had attended end of life care training at a local hospice or accredited training provided by the organisation. The service had provided care for the NHS continuing care team to prevent people being admitted to hospital or a hospice. Staff were aware of how to care for people when their health deteriorated and support bereaving families.

The service used technology to record and monitor the arrival and departure times of staff visits to people

who used the service. The service would be made aware if any visits were running late and could make other arrangements if necessary.

## Is the service well-led?

### Our findings

At our last inspection in February 2016 we rated this domain as Good. At this inspection the rating remained Good.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 manager was first registered in April 2014.

We asked people who used the service, a relative and staff member how well they thought the service was managed. People who used the service told us, "I see the manager regularly. The last time was when we had a fish and chip lunch at my house. The manager is absolutely fantastic. If I had anything bad to say I would say it"; "I know the manager and she is very good" and "The managers call round every now and again. The manager is a friend now." A relative said, "I know the manager. You can get hold of the manager if you need to and she is very good and will come to see you." A staff member said, "The support is very good. Management is very supportive. They are a pleasure to work with and there is a good staff team." We saw further evidence management, including the registered manager and provider were available and approachable in various thank you cards and other letters.

The service operated within normal office hours and had an on-call service at other times. A person who used the service told us, "I have the number of the office on my phone and can contact them at any time. If I need additional help they would pull out all the stops out and get staff to me." A relative said, "The office can be contacted. They always respond if you need them and the staff know me very well."

A staff member told us, "We can bring forward our own ideas. We have meetings where we use a system designed to highlight staff who may progress to senior roles. It is how I came to be head of caregiver experience." Managers held regular meetings with staff. At the last meeting of November 2018 items on the agenda included the on-call system, better working practice, policies and procedures and good record keeping. New clients were also discussed to ensure staff were up to date with people's needs. We also saw staff coming in and out of the office and talking with management or working on projects with management support.

There was an organisational structure people and staff could understand. The registered manager, and other managers, were very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.

The registered manager conducted audits to ensure the quality of service was maintained or improved. This included visit times, plans of care, medicines and training. Management also conducted unannounced spot checks of staff to ensure their practice met people's needs.

Policies and procedures were available for staff to follow good practice. We looked at some policies and

procedures from the range that were on offer. They included health and safety, safeguarding, infection control and confidentiality.

We saw the current CQC rating and registration certificate was displayed in the office and on the agencies web site. There was also a certificate which showed the service had appropriate insurance cover. The service supplied people who used the service with a document which informed people of the services provided and a statement of purpose which showed details of the registered provider and manager and other required details.

We saw that the provider was involved with other organisations. This included the Imperial War Museum, which had resulted in a person receiving a war medal. Other organisations included the Alzheimer's society to trial a diet for a person which was to aid the treatment of a person with a dementia and working with the local authority to look at best practice topics for the care of people who used the service. One initiative was being formulated to provide care which would keep people out of hospital.

One person was supported to talk about their experience during the war to local schools and to participate in developing a living museum. This was by recording the experiences of people who went through the war to pass on to future generations.

The provider also told us he was involved with skills for care looking at new technologies to aid people with health issues and would pass on any good ideas to people who used the service.

The service liaised with Age UK who then went to people's homes if they wished, to provide advice on financial and social matters. The provider was also linked with an organisation which helped prevent fraud against vulnerable people and Greater Manchester Council to understand what impact local devolution was going to have on services such as care agencies.

The service provided staff with incentives for any good work they performed and had an annual carer of the year award. Staff achievements or compliments were recorded in a 'splendid book' and received small rewards such as flowers or chocolates. Staff also had access to a helpline service for any advice on finance, work life balance or bereavement.

Staff completed surveys to provide managers with information about how they thought the service was performing. We saw the service scored over 90% in all question areas of management engagement with staff, training and development, support from the office and leadership and direction. This showed staff thought they had a good working environment and their views were listened to.

People were asked for their views regularly by the service. This included an annual questionnaire undertaken by an independent organisation. We saw the completed forms of quality assurance surveys. Comments were all positive and included, '[Staff member] is an amazing person. I cannot tell you what a lift she has given to our relative. I am overwhelmed'; 'What you have done for our relative over the past year has gone beyond what we could reasonably expect. Our relative always looks forward to your visits. It has been an absolute pleasure to have known [staff member]' and 'I just wanted to say how pleased we are with [staff member] She has the right balance of care and practical help and it is giving me peace of mind.'

Providers are required by law to notify CQC of certain events in the service such as serious incidents. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.