

Thirteen57 Ltd

# Home Instead Senior Care Wolverhampton

## Inspection report

5A Upper Street  
Tettenhall Village  
Wolverhampton  
West Midlands  
WV6 8QF

Tel: 01902745815

Website: [www.homeinstead.co.uk/wolverhampton](http://www.homeinstead.co.uk/wolverhampton)

Date of inspection visit:  
08 September 2016

Date of publication:  
19 October 2016

## 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

This inspection took place on 8 September 2016 and was announced. Home Instead Senior Care Wolverhampton provides community support and personal care to older people, people living with dementia, people with learning and physical disabilities, and people with sensory impairments, in their own homes. At the time of the inspection 108 people were receiving a service from the provider and of those, 52 people were receiving personal care. At the last inspection in September 2014 we found the provider was meeting all of the requirements of the regulations we reviewed.

The registered manager had left the service in May 2016, however there was a new manager in post who had submitted an application to become registered. A registered manager is a person who has registered with the Care Quality Commission (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.

People told us they felt safe. Staff were knowledgeable about different aspects of abuse and knew how to report any concerns to people's safety. Risks had been assessed, managed and reviewed in order to protect people from avoidable harm. The provider had systems in place to ensure only suitable staff were recruited to work with people. People received their medicines as prescribed with support from trained staff.

People told us staff had the skills and knowledge required to support them. Staff had received training relevant to their role. People were asked for their consent before care and support was provided and, where appropriate, decisions were made in people's best interests. People who received support to maintain their diet were happy with the shopping and meal provided. People were supported to access relevant healthcare services when required.

People told us the staff who supported them were kind and caring. Staff shared examples with us of the things they did that were above and beyond their expected duties. People were supported by staff who understood their needs and preferences. Staff supported people in a way that upheld their privacy, dignity and independence.

People were involved in the planning, assessment and review of their care. People were supported to follow their interests by staff who encouraged them to share their experiences and hobbies. People knew who to contact if they were unhappy about any aspect of their care. The provider had systems in place to manage complaints which included details of actions to ensure the complainant was satisfied with the outcome.

People and staff were complimentary about the service and told us they felt it was 'good'. Staff felt supported by the manager and provider and were able to share their views and concerns. There were systems in place to monitor the quality of the service provided and people had been asked to give feedback about the service they received.

## 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 was safe.

People were supported by staff who understood their responsibilities in keeping people safe from harm and knew how to report any concerns. Risks were assessed, managed and reviewed to protect people from avoidable harm. People were assisted to manage their medicines and received them as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge required to care for them. People were asked for their consent before care and support was provided. Staff supported people to make their own decisions where possible. People were supported to maintain a balanced diet and to access relevant healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring. People were supported by staff who understood their needs and preferences. Staff were caring and regularly carried out tasks in addition to those required to meet people's identified needs. People were supported by staff who upheld their privacy and promoted their independence.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and planning of their care and support. Staff supported people to follow their interests and were aware of their needs and preferences. People knew how to raise a concern about any aspect of their care and there were systems in place to managed complaints.

## Is the service well-led?

Good 

The service was well led.

People and staff spoke positively about the service. Staff felt supported by both the manager and provider. There were systems in place to monitor the quality of care provided. People had been asked to give feedback about the service they received.

# Home Instead Senior Care Wolverhampton

## **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 September 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to ensure that the manager would be available to assist with the inspection.

The inspection team consisted of one inspector. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

Prior to the inspection we sent questionnaires to people who used the service, their relatives and health and social care professionals to seek their views on the service provided. Of the 65 surveys we sent to people who use the service, 22 people responded. Seven of the 65 relatives we sent questionnaires to also responded.

During the inspection we spoke to five people by telephone and two relatives. We also spoke with five staff members, the manager and the provider. We looked at five people's care records and records relating to the management of the service including systems used for monitoring the quality of care provided.

# Is the service safe?

## Our findings

People told us they felt safe. 100% of people who completed surveys for us told us they felt safe from harm with their care or support worker. One person said, "I feel safe, I am confident in the carers, they are brilliant." A relative told us, "Of course [person's name] is safe. We are very happy with the service." Staff we spoke with were able to demonstrate a clear understanding of what constituted abuse and knew what action to take if they had concerns. One staff member told us, "I have completed training in safeguarding and would contact the staff at the office if I had any concerns. If I needed to I would get in touch with the director or the local authority." We spoke with the manager who had a good understanding of how to report concerns to the local authority in order to keep people safe. The provider had previously made appropriate referrals to the local authority that lead on matters relating to safeguarding. People were protected from harm by staff who knew how to keep people safe.

Risks to people who received personal care had been identified, assessed and reviewed to reflect any changes in their needs to maintain their safety. For example, assessments for the environment, moving and handling, skin care and falls. Staff we spoke with were knowledgeable about the potential risks to people and were able to tell us how they supported people in a way to minimise risk. One staff member told us, "I support someone who is at risk of falls. I was given a good introduction to the person by the office staff and their care plan also details the risks. Even though they walk independently with a frame, I am still mindful of the environment." We saw people's risk assessments were reviewed to ensure they provided relevant guidance for staff to follow. Where accidents and incidents had taken place we saw the manager had reviewed this and taken appropriate action in response. For example, by reviewing risk assessments.

People told us staff arrived on time and stayed with them for the required time. One person said, "The staff are consistent, I've had the same carer for 18 months, they are brilliant." A number of people who responded to our questionnaires, as well as people who we spoke to on the telephone, raised concerns about not always being introduced to staff before they arrived to support them. One person said, "Last weekend a new carer turned up, I wasn't told they were coming, not even a phone call." Other people expressed more positive views and one person told us, "The continuity of care is outstanding. Regular carers at regular times, no guessing who is coming through the door." We discuss the concerns raised with the manager who advised that improvements to the way the service communicated had been made in recent weeks. For example, changes had been made to the team of staff who co-ordinate support calls following staff recruitment. The manager explained they were optimistic that these changes would result in an improved service for people. There were sufficient number of suitable staff to meet people's needs and keep them safe from harm.

Staff told us before they supported people alone in the community the provider had completed checks to ensure they were suitable to work with people. These recruitment checks including requesting references from people's previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

People were happy with the way they received their medicines. One person told us, "The carers bring me my medicines and I take them. It works very well." People who required assistance with their prescribed medicines were supported to do so and their medicines were stored in their own homes. People we spoke with did not share any concerns about the management of their medicines. We saw care plans provided staff with guidance that ensured people took their medicines safely and as prescribed. Staff confirmed they had been trained to carry out this role. They said their competency to safely support people with their medicines was regularly assessed to ensure they were practicing safely and in accordance with their training. One staff member told us, "I've had training so that I can administer medicines and updates as well. A member of the management team observed me to make sure I was safe." People's medicines were managed so they received them safely.

# Is the service effective?

## Our findings

People were supported by staff who had the skills and knowledge to meet their care and support needs. 95% of people who completed surveys for us considered their carers had the skills and knowledge to give them the care and support they needed. All of the people and relatives we spoke with were happy with the support they received from staff. People told us they felt staff were trained and had the skills required to support them. One person told us, "The staff are competent; they have all the skills I need." Staff told us they felt the training they received equipped them for their roles. One staff member said, "We have a lot of training and recently I requested further training in supporting people living with dementia. It taught me a lot and gave me more confidence." The provider supported staff to undertake nationally recognised qualifications, to further develop their skills and knowledge. For example, at the time of the inspection some staff were in the process of completing the care certificate. The care certificate looks to improve the consistency and portability of the essential skills, knowledge, values and behaviours of staff, and helps raise the status and profile of staff working in care settings.

All of the staff members we spoke with expressed confidence in the provider and the new manager and told us they felt fully supported in their role. New staff told us when they started working for the service they received an induction which took place over three to four days. One staff member told us, "I enjoyed my induction, I felt comprehensively trained and nothing was left out." Staff told us they regularly received compliments through their supervision meetings which also gave them valuable feedback on their performance. A staff member told us, "It lets you know what you are good at and where you can improve."

People told us staff asked for their consent before providing them with care and support. One person said, "The carers always ask me. [Carer's name] always helps with my bath and checks that I am happy beforehand. They are brilliant." Staff we spoke with understood the importance of gaining people's consent and told us they had received training in the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 discussed the MCA with the manager and they demonstrated to us that they understood their responsibilities and people's individual wishes were acted upon. We reviewed information about capacity in people's care plans and found although decisions had been made about people's capacity and best interests meetings held, these had not always been recorded. This could result in staff supporting people in a way that infringed their human rights. We discussed our concerns with the manager and provider who explained they had already identified improvements were required to the way they recorded capacity assessments. They were able to share with us the paperwork they planned to introduce to ensure accurate records were maintained when people lacked capacity to make decisions for themselves. Staff sought people's consent before providing care and support.

Some people told us they were supported with maintaining their diet. A small number of people we spoke with had food prepared by the staff who supported them. They told us they were happy with the quality of



the meals provided by staff. We saw people's preferences in terms of food choices were documented. For example, one person's care records indicated what they like to eat for breakfast. Staff supported some people with their grocery shopping and we able to tell us about people's likes and dislikes. A staff member told us, "I go shopping for [person's name] they give me a list, but I always ask them what they like as well." Where staff had raised concerns about people's nutrition and hydration we found the provider had responded by contacted relevant healthcare professionals. This demonstrated people were supported to eat and drink enough to maintain a balanced diet.

Discussions held with staff showed they knew how to respond to people's specific health needs. For example, changes in a person's physical health. One staff member told us, "When you know a person you can see if they are not well, in the past I have contacted the doctor or the paramedics if required. I wouldn't hesitate." Staff were also aware when people would benefit from additional support with their health and mobility. One staff member told us, "Sometimes when you are working with someone you can see ways they could be better supported. I contacted the office staff and they arranged for the person to be assessed for aids to assist with their mobility." Staff told us and we saw people's care records detailed their health needs, conditions and any prescribed medicines. This provided staff with the information they needed to supported people to maintain their health.

## Is the service caring?

### Our findings

People were supported by staff who treated them with kindness and compassion. Everyone who completed a survey or spoke with us told us they felt staff were kind and caring. 91% of people who responded to our survey said they were happy with the care and support they received. One person told us, "The carers are in the job for the right reasons, they genuinely care. They are bright and breezy and this brighten me up." Another person responded with, "The carers are all professional and are very caring individuals." People were supported by a staff team who listened to them and had a caring approach to delivering care and support. Staff we spoke with told us they enjoyed and took pride in their work. One staff member said, "I feel as though I have developed a good bond with the people I support, I treat them like my own family." Staff were able to share examples of how they supported people in the way they preferred. A staff member said, "You have to develop a rapport with people, through asking questions and being proactive, through listening you get to know them." Staff shared with us a number of examples of where they or their colleagues had done things over and above their scheduled support calls, for example, buying people flowers when it was their birthday, taking a person's favourite cake when they visited, posting people's mail and transporting people to local appointments.

People told us staff listened to them and understood their needs and preferences. One person said, "[Carer's name] is very good and cheerful. They know how I like things now, so don't need to ask me every time, they just get on with it." People's preferences regarding their care and support were detailed in their care records. This provided staff with guidance about how the person wanted their care and support to be delivered. One person told us, "I make the decisions and the staff know what I like. They do what they are here to do and then ask if I need anything else before they leave." We saw from care records people had been involved in making decisions about their care and support and where this was not possible, people's family members had been consulted. Staff members were able to share examples of how they offered people choice when supporting them. One staff member told us, "I was given all of the information I needed before I met [person's name] but it's still important to offer people choices. Things like, what they would like to eat, or what they want to wear, those decisions are important." People were supported to express their views and were involved in making decision about their care and support.

People were supported in a way that protected their privacy and dignity. All of the people we spoke with, and those that responded to our surveys told us staff treated them with dignity and respect. One person shared with us how staff maintained their dignity when providing them with person care by covering them with a towel. Staff were able to tell us about ways in which they protected people's privacy by closing curtains and doors when providing personal care. One staff member told us, "It's always important to close the door, and I always cover the person with a towel. I then turn my head to the side, so they don't feel they are being watched." Care records detailed ways in which staff could support people to maintain their independence. We saw one example where staff were directed to eat lunch with the person as this encouraged them to eat their meal.

## Is the service responsive?

### Our findings

People told us they had contributed to and were involved in discussions and decisions about their care and support. People felt the service was responsive to their needs but this could be improved through better communication. The provider was aware that people felt communication could be improve and was taking action to address this at the time of the inspection. One person told us, "The carers are marvellous; they always do what I ask them to do." Some people and their relatives felt there could be more consistency as sometimes staff arrived who had not met the person before. However, the majority of people were happy and most had been introduced to their carer by a member of the office staff team, prior to their first support call. Staff we spoke with felt they had access to the information required in order to respond appropriately to people's needs.

Initial assessments were completed by the care manager and used to begin to develop a relationship with the person. The information gathered at the initial assessment was then transferred into a personal care plan which staff followed to ensure the person's needs were met. Care plans were individualised and contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. People's care needs were regularly reviewed and any changes were recorded. Staff told us and we saw, they reported any changes in people's needs to the care manager; care records were then updated and other staff informed through handovers and team meetings. This ensured people received care that was responsive to their needs.

People's well-being was promoted by staff who knew and shared similar interests. Staff received guidance from people's care plans, which included information about the person's interests. For example, one person's care records said, 'I used to play the piano, ask me to show you.' This encouraged staff to engage with people in a way that was meaningful to them. Staff shared examples with us of how they promoted people's interests by encouraging people to talk about their lives, careers and experiences. One staff member told us, "It's about getting to know a person, being curious about them. I always ask people what they hope to achieve in the next few years, because despite their age they still want a meaningful live." Another staff member said, "It's not just about people's physical needs, but it's their mental needs too. Discussion can stimulate memories as well as opinions and I find that most people really enjoy telling you about their lives."

People told us they knew how to complain if they were not happy about any aspect of their care or support. One person told us, "If I was unhappy I would contact [name of provider], but I think it's highly unlikely I would need to." Another person told us their son had once raised a complaint on their behalf and they found the provider to be responsive and action was taken quickly to resolve their concerns. Some people who responded to our survey told us they didn't feel their complaints had always been taken seriously. This was an area of improvement that had been identified by the provider. Changes to the office staffing team, who would be first to respond to a complaint, had been implemented prior to the inspection. There was a system in place to manage complaints and people received details of how to complain when they started to receive care and support. Staff were aware of the complaints procedure and knew what to do in the event of a complaint being raised with them. One staff member told us, "If someone wasn't happy I would always

contact the office to let them know. Even minor comments I let people know, because small concerns can become serious if we don't address them." We reviewed the complaints log and saw the provider had taken the lead in responding to recent complaints. Actions were clearly detailed and the log included details of the response from the person who raised the complaint advising if they were happy with the outcome, or wished for it to be progressed further. We found the provider's response to complaints were honest and open about where the service people had received was not satisfactory. People's concerns were taken seriously and the service learned from people's experiences and complaints.

## Is the service well-led?

### Our findings

People spoke positively about the service and expressed confidence in the provider. One person told us, "The service I receive is very good and I find the staff are very understanding. I have recommended Home Instead to others, I feel lucky to have this service." Another person said, "I am very happy with the service, pleased with everything. I would definitely recommend." Staff were also positive about the service. One staff member told us, "I think the service is well run, we get training updates and a weekly email from the provider, which keeps us informed." The provider worked with other organisations to make sure they were following current practice and providing a high quality service. This included attending local provider meetings.

Care staff we spoke with understood their role and responsibilities and were motivated about their work. They also told us they felt supported by the provider and the manager. One staff member told us, "The provider will do anything to help. In the past I struggled with transport, and they picked me up and took me to calls." Another staff member said, "I feel very valued as a member of the team, positive changes are happening."

There was an open culture at the service and both the provider and the manager told us they encouraged staff to give feedback. The provider told us, "Our service has to be about quality, our staff are our ambassadors. We trust them to do a good job and give them praise where it's due." Staff we spoke with confirmed this. They told us they would be confident in raising concerns with the manager or provider. One staff member told us, "I wouldn't think twice about sharing my views with the provider, their door is always open." Another staff member said, "I have expressed concerns in the past and I feel I have been listened to, and am valued as part of the team. There is an open-door policy, so you can share any concerns."

There were systems in place to monitor the quality of the service. We saw that daily logs recorded by care staff were checked to ensure any issues raised were acted upon. The manager reviewed records relating to accidents and incidents to identify any trends, and appropriate action had been taken. The quality assurance officer had also carried out observations on staff delivering care to ensure they were competent in their role. Staff confirmed these checks took place.

The service had recently undertaken a survey to gather people's views and the results were in the process of being reviewed at the time of the inspection. However, the manager was able to share with us action they had taken in response to some of the issues raised. For example, changes had been made to the staff team who plan and co-ordinate care in response to concerns about poor communication. Most people we spoke with said they had been asked to give feedback about the service they received. One person had commented, "I've have been ask what I think about the service, I filled in a form and it went off to head office." The provider told us, "Feedback is vital to us and our reputation. There's no point asking the question if you're not prepared for the answer. We must have a proactive approach to people's feedback and take action where necessary." People benefited from a service that welcomed their feedback and suggestions and was well led.

