

Moorlands Home Care Limited

Home Instead Senior Care Leek and Moorlands

Inspection report

43 St. Edward Street
Leek
ST13 5DN

Tel: 01538372179
Website: www.homeinstead.co.uk/leekmoorlands

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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

About the service

Home Instead Senior Care – Leek and Moorlands is a domiciliary care service providing personal care, home help and companionship to people with a variety of needs. At the time of the inspection, the service was supporting 33 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they received a service that was safe. Staff understood how to keep people safe and who to report any concerns to. Where something went wrong, the provider used this as a learning opportunity to make improvements and reduce the risk of similar incidents happening again. We have made a recommendation about risk management because some important information was not always available to guide staff.

People received effective support from staff who received a thorough induction and training to prepare them for their roles. However, people who used the service and staff would benefit from training around people's specific needs. The service worked with other agencies and supported people to maintain good health and access healthcare services. We have made a recommendation for the service to improve consistency with how they apply the principles of the Mental Capacity Act 2005 (MCA). People were generally supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were very positive about the caring approach of staff. Staff recognised, respected and valued people as individuals. People received support from a consistent staff team which enabled them to get to know each other well and build good caring relationships.

The service put people at the heart of the care they received. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with the care they received. If people were not happy, they were confident they could speak with staff to make improvements. The service made sure people were supported to communicate and staff supported people to avoid social isolation.

The service was led by a registered manager and senior staff who everyone described as approachable, well-organised and caring. The culture at the service was open and inclusive. Senior staff understood their responsibilities and monitored the quality of the service using a range of systems. Where areas for improvement were identified, the registered manager took action to make improvements. However, the systems had not identified issues around the level of information in some people's care plans or the

inconsistencies around how the service applied the principles of the MCA. We have made a recommendation about this.

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

Rating at last inspection

The last rating for this service was good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our well-led findings below.

Home Instead Senior Care Leek and Moorlands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Home Instead Senior Care Leek and Moorlands received personal care support. CQC only inspects the service received by people provided with their personal care and help with tasks related to personal hygiene and eating.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 July 2019 and ended on 7 August 2019. We visited the office location on 31 July 2019 and 1 August 2019.

What we did before the inspection

We reviewed all the information we had received about the service and previous inspection reports. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one person's relative about their experience of the care provided when we visited them in their homes. We also spoke with a further three people's relatives over the telephone. We spoke with five members of staff including the registered manager, care manager and caregivers.

We reviewed a range of records. This included three people's care records and medication records. We also checked a variety of records related to the management of the service, including policies and procedures, audits and monitoring systems.

After the inspection

We continued to seek clarification from the registered manager to validate evidence we found. We looked at staff training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had systems to keep people safe and staff understood how to manage risks. However, we found risk management plans related to behaviour which may challenge were not accurate and up to date for two people. Staff understood how to manage the risks, but confirmed strategies were not recorded in care plans.

We recommend the provider reviews their systems to ensure risk assessments and strategies to manage risk are kept up to date and accurate for each person using the service.

- The provider had plans to help keep people safe in case of emergencies. The plans included guidance for staff and business continuity in various scenarios, including adverse weather in rural areas.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Everyone we spoke with told us they or their relatives felt safe. Comments included, "They're all caring, I always feel safe."
- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet people's needs in a person-centred way. People and their relatives told us the service was very reliable. People told us staff attended when they should, and the service was flexible to meet their needs, for example, changing calls at short notice. A relative told us, "A couple of weeks ago [person] had an infection and the GP prescribed antibiotics. [Person] was violently sick. They arranged at short notice for a carer to stay overnight." Another said, "Mum has had weeks in hospital this year. We have had to increase the calls and they bent over backwards to accommodate her."
- The provider continued to follow safe recruitment practices. Staff confirmed the registered manager carried out checks on their suitability before they were employed.

Using medicines safely

- Medicines were managed safely and properly. Staff received training to administer medicines and the care manager regularly assessed their competency. Where people were supported with medicines, we saw the provider managed them in line with national guidance.
- People were supported to manage their own medicines for as long as they were able. People told us they were happy with the support they or their relative received with medicines. A relative told us, "They manage

her medicines well. They always call if there are any queries."

Preventing and controlling infection

- People were protected against the risk of infection. Staff completed training to manage the risks associated with infections and used personal protective equipment appropriately. Staff had received food hygiene training and followed safe procedures when preparing food.

Learning lessons when things go wrong

- The provider had systems to learn and make improvements when something went wrong. Staff recorded accidents and incidents. The registered manager analysed these on a regular basis to identify any trends or themes. Any lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service did not consistently work within the principles of the MCA. We saw assessments of people's capacity and best interests decision making was recorded in some cases, but not in others. The registered manager had not always ensured assessments of people's capacity were carried out when there was a need. They had not always involved appropriate people in best interests decisions. The provider's policy and procedure around the MCA set out when assessments of people's capacity should be completed. The policy and procedure had not always been followed.

We recommend the provider reviews their processes around assessing people's capacity and best interests decisions, to ensure it is applied consistently, in line with the principles of the legislation.

- People consented to their care where they were able. The care manager worked with people to design a bespoke package of care and discussed and agreed what support was provided. People signed to say they consented to their care.

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

- The care manager assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively. One person told us, "[Care manager] comes round every so often to make sure everything is still alright." The care manager gathered information from the person, those that knew them well and professionals involved in their care to create

written plans of care for staff to follow. Staff we spoke with knew people's individual needs and preferences.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role, however this could be enhanced. Staff received an induction to prepare them for their role. People gave us positive feedback about how staff supported them or their relatives. One person joked, "Apart from cooking fish, they know what they're doing." Another person told us, "We're happy with all the staff, we call them 'super carers'."
- Staff had not received specific training around conditions some people were living with, such as dementia, bi-polar disorder and diabetes. This training would benefit people who used the service and staff, enabling them to achieve more effective outcomes.
- Staff were well-supported in their roles. The registered manager held regular staff meetings and training events, alongside individual staff supervision. Staff spoke highly of the support they received and could approach senior staff for support at any time. One staff member told us, "I feel well supported. On my first day I felt really nervous. I phoned the office and they were really supportive. [Care manager] called me later on to see how the day went. [Care manager] is brilliant."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to ensure they ate and drank enough to meet their needs. The care manager assessed people's nutritional needs and provided guidance to staff to enable them to be met. People told us they were happy with the support they received around meal preparation.

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

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked closely with services such as people's GPs and specialists. Staff supported people to attend appointments and incorporated professional guidance into people's care plans. One person told us, "They're taking me to the optician today." Staff explained the person was very anxious when it came to appointments, so they supported them to help reduce their anxiety. The person really appreciated this support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. People spoke very positively about staff who supported them. One person said, "They are all very nice. I would definitely recommend them." A staff member told us, "We're given time to get to know the clients and they keep us with the same clients so we can build relationships."
- Another person told us about the positive impact the staff had on their wellbeing which had significantly aided their recovery when they were very unwell. They said, "The carers changed my psychology somehow, it had a really positive impact. We have a lot of laughs and have really good relationships with all of them."

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

- Staff involved people in decisions about their care and supported people to share their views. The registered manager used several methods to gain people's views, including regular service review meetings, spot checks and satisfaction surveys. Comments included, "I'm asked whether everything is still OK and asked for my opinions by [care manager]."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity and independence. People gave us positive feedback about the caring approach of staff. One person told us, "At first, we didn't want carers coming in, but they're so nice, they really took the pressure off. I didn't think we'd like them coming in as we are private people, but we get so much out of it."
- Staff supported people to remain in their own homes and be as independent as they were able. One person's relative told us, "They encourage [person] to do what he can for himself to get him motivated. Now, he's done a lot before they arrive in a morning." The explained this had had a positive impact on the person's wellbeing and quality of life.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs before they received a service. Staff were matched to people supported by the service, where possible, to ensure they had the skills necessary to provide the support people wanted. The care manager involved people and, where appropriate, others acting on their behalf, in reviews to ensure planned care continued to meet their needs and preferences. One person told us, "I would recommend them. They're pretty regular and they fulfil all my needs."
- People received support from staff who had similar interests and the skills required to meet their needs. The registered manager told us they tried their best to make sure staff were a good match for people they would be supporting. People spoke positively about this approach. One said, "They're all so nice, so lovely. We share so much in common and they give us such a lot of emotional support. Everybody should have them, even if there's nothing wrong with you!"
- Important information about how staff should support people was not always readily available. We found care plans lacked detail around how staff should support people, for example, where they displayed behaviour which may challenge the service, to achieve a positive outcome. Staff we spoke with confirmed this information was passed to them from other staff within the team, but care plans did not always reflect the action staff should take. The registered manager agreed to review the information contained within care plans following our inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Staff described how they supported people to communicate, including the use of picture cards and an interpreter for one person whose first language was not English. The registered manager told us the service was currently reviewing how best to meet their obligations under AIS, in terms of sharing information with other services when necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation. Staff supported some people to local cafes and with shopping, for example.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.
- People knew how to make a complaint or raise concerns. People we spoke with and staff all told us they would have no hesitation in speaking with the registered manager if they had a concern or complaint. They were confident any issues would be resolved swiftly.

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was not supporting anyone at the end of their life.
- The service worked with people to plan end of life care when appropriate. The registered manager confirmed discussions would take place with people around their preferences for end of life care, including whether they wished to remain at home, who they wanted to be in attendance and any cultural preferences. Some of the staff team had received training which enabled them to provide care to people at the end of their life to ensure they were comfortable and received the attention they needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The registered manager used a variety of methods to assess, monitor and improve the quality of the service provided. We saw they used feedback from people, their relatives, staff and healthcare professionals to identify areas for improvement. We saw the registered manager took action to improve the service in light of any shortfalls or feedback about areas for improvement.
- The registered manager also used audits and checks of documentation to ensure they met legal requirements. However, their systems had not identified the issues we have raised earlier in this report. This included ensuring care plans accurately reflected people's needs and the action staff should take to support people, and the inconsistency around the application of the Mental Capacity Act 2005.

We recommend the provider reviews their systems for assessing, monitoring and improving the service to ensure they are fit for purpose.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had created a culture that was open, inclusive, caring and person-centred. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people.
- People we spoke with and staff all told us the registered manager and care manager were approachable and available when they needed them. One person said, "I don't know what I'd do without them, we're like one big family." A staff member told us, "I feel listened to. I can always call and someone is available." A relative commented, "[Registered manager] has been very supportive and very understanding."
- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability. People spoke positively about how the service was managed and organised.
- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were positive about the quality of service they received. One person's

relative told us, "I'm more than happy with the service they provide. I would definitely recommend them." Another said, "I'm extremely grateful to Home Instead. They've made such a difference to all of us. I would recommend them and have done."

- The service worked in partnership with a range of healthcare professionals to ensure people's needs continued to be met and their wellbeing enhanced.

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

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used review meetings, satisfaction surveys and spot checks to gain feedback about the service.
- The service had engaged with community groups to raise awareness of the service and to promote scam awareness and dementia awareness within the local community.