

Chandler Care Ltd

# 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Home Instead Senior Care is a domiciliary care service. It provides personal care for people living in their own homes in Darlington and surrounding areas. The service now provides care and support to 50 people, on our last visit in 2014 when the service was relatively new it provided care to 14 people.

The service has a registered manager and the registered Nominated individual is involved directly in the running of the business and the provision of care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered Nominated individuals, 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 were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us that they were safe, could raise concerns if they needed to and were listened to by staff. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management listened and acted on staff feedback.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and their care and

# Summary of findings

support package met their needs. People who used the service and their relatives told us that they had a small team of staff, who were reliable and arrived when expected. Staff confirmed that they were not rushed and had time to provide the care people expected.

Staff told us they were supported by their management and could get help and support if they needed it. Staff did receive supervision although the regularity of the programme had slipped slightly. The registered manager assured us they would address this issue straight away.

The service had comprehensive systems to ensure staff were appropriately recruited, trained and supported. The service had introduced the Care Certificate for all staff and staff also had training in dementia care and all were Dementia Friends (this is a scheme run by the Alzheimer's Society to help people understand about living with dementia).

The staff undertook the management of medicines safely and in line with people's care plans. Staff were assessed by the registered manager on occasions to ensure they were carrying out medicines administration safely. Some recording on medication records needed to improve.

The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care.

People told us when they raised any issues they were dealt with promptly and professionally and everyone we spoke with knew how to speak to the management team at the office if they had any concerns.

Whilst the service ensured it sought written consent in terms of providing any care and support for people, the management team and staff required training in the Mental Capacity Act (MCA) 2005 to ensure people's capacity to consent was assessed and recorded. The service needed to ensure it was aware and following the correct procedures for people who may lack capacity. The management team told us they would immediately seek guidance in this area from the local authority who lead on MCA.

There was a good quality assurance system in place to ensure the service and staff were checked regularly for quality and safety. There were regular staff meetings and incidents and accidents were monitored and reviewed within 24 hours by the registered manager. Home Instead Senior Care also ensured that people who used the service were contacted on a regular basis to check if the package of care they received met their needs and they were happy with the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and concerns.

The Nominated individual had procedures and systems in place to ensure that people were matched to compatible staff members and that staffing was provided as consistently as possible. Effective recruitment procedures were in place.

Risk assessments were undertaken of the environment and personal risks and these were regularly reviewed by the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Good



### Is the service effective?

The service required improvements to be effective.

We found the Nominated individual had taken measures to ensure the staff provided effective care and were able to meet people's needs. Staff were trained and supported to deliver the care and support people required.

Records showed and staff understood the importance of obtaining people's consent prior to any tasks being undertaken but further work was required to ensure people's mental capacity was recorded and the service worked to adhere to the Mental Capacity Act and the code of practice.

Where the service provided support with mealtimes, we saw that people were provided with effective nutritional support by trained staff.

Good



### Is the service caring?

The service was caring.

We heard the staff had developed therapeutic and positive relationships with people and were extremely caring and kind.

People told us their privacy and dignity were very well respected.

Each care package was specifically designed to meet the exact requirements of the person including providing staff who may share similar interests.

Good



### Is the service responsive?

The service was responsive.

People's care plans contained individual, person centred information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances.

Good



# Summary of findings

People had been provided with information on how to make formal complaints and said that they were listened to by the registered Nominated individual.

## Is the service well-led?

The service was well-led.

People received a reliable and caring service, and expressed good levels of satisfaction with their care.

The registered manager and Nominated individual had developed the service in terms of growing its capacity whilst maintaining regular reviews of client care and feedback.

The management team were immediately responsive to the minor issues raised at this inspection and informed us immediately afterwards of actions put in place to address these.

**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 checked whether the Nominated individual 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.

We inspected Home Instead Senior Care on 2nd November 2015. This was an unannounced inspection. At the time of our inspection visit the service provided care and support to 50 people and there were 25 care staff members employed.

The inspection team consisted of an adult social care inspector and interviews with people who used the service were carried out by an Expert by Experience, a person who has used or experienced care at home services.

Before the inspection we reviewed all the information we held about the service including notifications and complaints (of which there were zero). The service does not contract directly with the local authority so we did not consult them.

The provider was not asked to complete 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 improvements they plan to make. We obtained information to contact people who used the service during the course of the inspection and sought people's permission to consult with them.

During the inspection we contacted two people who used the service and four family carers. We also spoke with the registered manager, the Nominated individual, a senior care staff and two staff members. We looked at four people's care records, two recruitment records for staff providing personal care, the training chart and training records, as well as records relating to the management of the service.

# Is the service safe?

## Our findings

We spoke with six of the people who the Nominated individual had given us contact details for and said they used the services provided by Home Instead Senior Care. The people who used the personal care services told us that they felt Home Instead Senior Care staff delivered safe care.

People said; “I feel safe and happy, it’s an excellent quality of care,” and “I am very pleased with the level of care, and I feel very safe.”

During the inspection we spoke with two of the care staff who provided personal care. All the staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence in the Nominated individual and registered manager responding appropriately to any concerns. We saw from records that abuse and safeguarding was discussed with staff during supervision and staff meetings.

Staff members told us; “We are all trained in any special needs including how to deal with challenging behaviour. I think the training was very good quality.”

Relatives told us; “I am very pleased with the care my relative receives, and the level of safety they give is outstanding,” and “We noticed that the staff were very keen to maintain adherence to health and safety.”

Staff told us that they had received safeguarding training at induction and on a regular basis. One staff member said they understood the whistle blowing procedure and would not hesitate to follow this if it was required. We saw that all but two staff had completed safeguarding training in the last year and the manager said these people would be prioritised as soon as possible. The service had a safeguarding policy that had been regularly reviewed. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

We looked at the arrangements that were in place for risk assessment and safety. The service provided a copy of their health and safety policy. This set out the health and safety duties related to the service and its staff, and referenced other relevant policies and procedures. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person’s care. These risk assessments had been

personalised to each individual and covered areas such as moving and handling. The risk assessments provided staff with the guidance they needed to help people to remain safe.

The four staff files we looked at showed us the Nominated individual operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. We saw that the service also undertook questions for prospective staff on their interests and compatibility so they could be effectively matched to clients.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. One person told us they felt very safe with the carers. “They are reliable, very helpful, friendly and I just feel very safe with them.”

We found that all the staff had completed recognised safe handling of medication qualifications.

The service provided us with a copy of their policy on managing medicines, which provided information on how the service assisted people with their medicines. The training record the registered Nominated individual gave us showed that 11 of the 15 staff who provided care had completed training on the safe handling of medicines. Five of the service’s newest staff still required this formal training. At the time of our visit there hadn’t been any recent formal medicines audits or medicine focused competency checks carried out on staff, to check that people were receiving their medicines safely. The registered Nominated individual informed us that formal staff observations were due to start in the near future. They also showed us that an audit of care files undertaken during July 2015 had included some checks of records relating to medicines.

We looked at the information that was available in people’s care records relating to their medicines and the help provided by care staff. We saw that body maps had recently been introduced to record the creams people were prescribed and where these needed to be applied.

## Is the service safe?

Medicine administration records (MARs) were in place to record the medicines staff had administered. The majority of the records we looked at had been completed fully and showed that people had been receiving their medicines safely and as prescribed. However, we saw some areas where recording could be improved. We found a small number of unexplained gaps on the MARs, where it was unclear if people had received their medicines. We also recommended to the Nominated individual that any handwritten entries onto MARs should be signed by two staff members to ensure this adhered to best practice guidelines. From the review of records and discussions with staff, we confirmed staff had undertaken training competency checks regarding medicines. On the day of our visit competency checks were not in place for all staff but following our visit the manager provided evidence to show plans were in place to ensure competency checks were completed for all staff straight away.

We saw there was a comprehensive policy and procedure in place for the management of medicines. The Nominated

individual had regularly reviewed this policy and ensured all the staff were familiar with it. The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this was this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We also looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff we spoke with told us that any incidents or accidents were reported to the office, so that they could be recorded and monitored. We discussed accident monitoring with the registered Nominated individual and manager. They showed us how individual accidents were recorded and reviewed within 24 hours and any actions taken to reduce risks.

# Is the service effective?

## Our findings

We contacted two people who directly used the personal care service and four family carers, all of whom told us they had confidence in the staff's abilities to provide good care. They told us the staff from Home Instead Senior care were able to deliver the care and could readily carry out the tasks they had been requested from their assessment. People told us they were very happy with the arrangements. People said; "I am very happy, I can laugh with the staff and they are very happy as well", and "The carers are absolutely wonderful, we couldn't cope without them. We feel safe and confident. They have made such a difference to our lifestyle."

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. All of the people who used the service and the relatives we spoke with told us that their regular care staff understood what people needed and appeared to have the appropriate skills. For example one person told us; "The carers have excellent interpersonal skills and make the visits an enjoyable experience."

From our discussions with staff and review of staff files we found people had obtained suitable qualifications and experience to meet the requirements of their posts. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to their role and this training was up to date. We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people who were at the end of their life and dementia care.

One staff member said; "The company has been very supportive towards me, I have received very good training, and I am feeling very confident and happy in my job".

We saw induction processes were in place to support newly recruited staff. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. The service had implemented the new Care Certificate as we saw this was discussed in staff meetings and supervisions. During the course of our visit one staff member popped into the office and was speaking to the Nominated individual about one of their Care Certificate modules they

were a little confused about. They told us they were going to talk about it in their supervision with the registered manager the following week. This showed us that staff were supported.

Staff we spoke with during the inspection told us that they received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. However, we noted that appraisals and observational checks on three staff had not been carried out as often as the Nominated individual's policies stated. The Nominated individual provided evidence to show that these outstanding checks had already been identified and were being actioned with the staff concerned.

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 observed that the service had sought consent from people to the care and support they were provided with and also that prior to administering medicines, people's consent was sought. The service carried out an assessment and would record where appropriate if the person did not have capacity to make decisions for themselves and the care consultation would always involve a family member to ensure that best interest decisions were made on behalf of the person. Staff had received training on the MCA as part of their induction. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

The written records of the people using the service reflected that the staff had an excellent knowledge and understanding of people's care needs. The care plans showed evidence of risk assessments, assessed needs and plans of care were written from the person's own perspective

Home Instead Senior Care staff supported people to have meals. This was in the form of preparing foods purchased by the person or family when they visited. They were not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting



## Is the service effective?

healthcare professionals such as district nurses when needed. Some of the staff assisted with shopping but this was to obtain items the person had listed not to design the shopping list. In other situations it was the person's relative or carer who ensured they had an adequate diet.

We saw records to confirm staff liaised with visiting healthcare professionals such as people's G.P or district nurses and took instruction from these staff. The service had recently implemented body maps to ensure people's prescribed creams were applied and recorded correctly. We found the staff reviewed care records regularly and

included any new healthcare professional advice or instructions in the care records. This meant that people who used the service were supported to obtain the health care that they needed.

People we spoke with told us the staff were considerate and really interested in ensuring they remained well, so encouraged them to have regular health checks. One staff member told us they had recently noticed that a client was confused and didn't know if he had eaten their breakfast, they told us; "I have personal experience of dementia in the family. I spoke with my manager and following the discussion, I made the client a light breakfast and a drink, I entered the details in the care plan, management then took over the issue and informed relatives".

# Is the service caring?

## Our findings

People we spoke with who received personal care said they were very happy with the care and support provided. We were told by people about how the registered manager had visited to check that they were receiving exactly the type of support they needed. We found a range of support could be offered, which could mean staff visited once a day or several times a day to assist with personal care tasks; or completed domestic tasks or companionship. All visits were of a minimum of one hour so care and support was not rushed. During the course of our visit a care staff member discussed the changing needs of a person they provided support to and the Nominated individual stated they would arrange for the registered manager to review this person's care and support needs as a matter of priority.

People said; "I am very happy with them, they are very caring towards me, and we have a laugh when they come. The staff are very happy people," and "They are so friendly and talkative, we have mutual interests and we can talk about our pets."

One staff member told us they try to let people maintain their independence. "I let them be as independent as possible, if they are struggling I ask if they need help, but I won't take over their task unless they want me to."

We reviewed four sets of care records and saw people had signed to say they agreed with their assessment and plan of care. The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported as part of their assessment.

We found that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of care plans being developed, which we found from our discussions with staff and individuals met their needs. People told us they had been involved in making decisions about their care and support and developing their care plans. One person said; "The manager visits me regularly to review my care plan, and I have the opportunity to discuss my needs and include any suggestions I may have."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. The care records we viewed included information about Home Instead Senior Care and the services they provided. Everyone we spoke with as part of this inspection had information about the service included in the front of their care file, so that they could access it at any time.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. People told us; "They allow me to do things for myself, they help when I need it, they are very respectful and I can continue to live in my own home," and "I enjoy their visits, they are very nice and caring people."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role.

We reviewed the staff rota and discussed these with the registered manager. We saw that the team looked at skill mix and made sure people had staff they preferred. One person told us they received a schedule each week, and knows which carer will be calling and when. "I am always informed if there are any changes to the schedule; I am kept well informed by the company."

The registered manager regularly contacted people to ensure they were happy with the staff and service. The feedback the service received showed this was the case.

The registered manager, Nominated individual and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. One person told us they felt the service had really helped them to maintain their independence; "They allow me to do things for myself, they help when I need it, they are very respectful and I can continue to live in my own home."

# Is the service responsive?

## Our findings

People told us that Home Instead Senior Care staff always turned up as planned and that if, on odd occasions, they had been delayed by a few minutes the staff rang them to say why this had happened. People told us it was very rare for staff not to turn up on time. Relatives and people using the service told us that they were kept very well informed of any changes to the appointments.

Staff told us they encouraged and supported people to remain as independent as possible. The service provided a minimum one hour call and staff told us they did not feel rushed and were able to have meaningful time with people. Staff also said they were able to have sufficient time allocated to travel between calls.

The registered manager outlined the assessment process and we confirmed from the review of care records that this mirrored what had been outlined to us. We found that people's needs were assessed upon referral to establish if the service were able to meet the person's needs. Information was provided about person's care and support needs by, either the person or their carer or family member. This enabled the registered manager to produce a care and support plan.

We found that care plans were very person-centred, reviewed and updated on a regular basis. We found that systems were in place to monitor people's needs and ensure the care records were accurate. The registered manager reviewed the daily diaries completed by staff on a regular basis (often weekly) to ensure the service was still reflective of the person's needs.

Staff visited people at defined times during the day or week and we heard that should someone appear unwell when they visited staff take prompt action to deal with this concern. Staff told us; "Team Leaders carry out spot checks on their staff. This covers personal protective equipment, hygiene, health, and safety."

We found that staff had received emergency first aid training and training around signs and symptoms of illness.

Care staff told us they were allocated the same people, which meant they could build very good working relationships. The Nominated individual discussed how they now matched staff to the people who used the service to ensure that care was given in a person centred way. We saw feedback from one family member stated; "I was particularly touched that you chose care givers who had something in common with my mum, so they immediately had a connection with her."

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the management team. The service had not received any complaints since our last visit. The management team told us that if they received any concern or issue no matter how minor, they immediately contacted the person via telephone or a visit to discuss and address their issues. They stated by undertaking this pro-active strategy that was why the perhaps the service did not have any formal complaints.

# Is the service well-led?

## Our findings

People told us the service was well led. Comments included; “All the people seem to work as a team, the company seems to be very well managed, this gives me a lot of confidence,” and “I think the company is very well managed, they arrive on time, they carry out their work and they are pleasant and respectful, they are a pleasure to have in the house.”

Both the nominated individual and the registered manager were present during the course of the inspection.

The nominated individual discussed the process they used for checking if people were happy with the service and showed us the system. We saw they had regularly contacted people to check that the service was meeting their needs and had a system in place to make sure each person was contacted at least monthly via telephone or visit. People using the service told us; “The manager calls on me and we discuss my care regularly and make any changes necessary, they listen to what I think I need,” and “I have a regular visit from the manager to review my care plan, if I make a suggestion it is discussed and included in the plan if its needed.” This showed people were consulted.

We saw that the service had participated in an independent quality review programme carried out by [www.homecare.co.uk](http://www.homecare.co.uk). The service had eight respondents to this questionnaire and scored 9.6 out of a maximum 10. This took place in November 2015. The comments on this survey from people using the service and their families were very positive. They included; “Very happy with the organisation and the help I am getting,” and “The service exceeds my expectations.”

The service had a clear management structure in place, which was currently being led by the Nominated individual and registered manager. The registered nominated individual was fully involved in the day to day management and provision of the care service, The registered manager had very detailed knowledge of people’s needs and explained how they continually aimed to provide people with good quality care that was responsive to their needs. Staff told us that both the Nominated individual and the registered manager were open, accessible and approachable. One staff member said; “This is the first company I have worked for where I have felt totally supported by management.”

The vision and values of the service were clearly communicated to staff. Staff were able to tell us they were; “A valued member of the team and I am happy here,” and another staff member said they found the company; “Very supportive. Staff told us how they were supported via training and discussions to have a good knowledge of dementia and the needs of people and their families living with the condition. We saw that one staff member had won Dementia Carer of the Year award in 2015 at the Great British Care Awards. The Great British Care Awards are a series of regional events throughout England and are a celebration of excellence across the care sector .The purpose of the awards are to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work.

The Nominated individual also shared their knowledge and enthusiasm in providing good dementia care by offering training sessions to families and also in running fund raising events locally for dementia charities.

The service had a programme for full team meetings and we saw how the minutes were shared with everyone including people who could not attend. At the most recent meeting in October 2015 we saw that items such as quality assurance, health and safety, training, and updates from the Home Instead national office were discussed.

We also looked at how Home Instead Senior Care was meeting the requirement to notify CQC of certain incidents and events. Notifiable incidents are events that the service has a legal requirement to inform CQC about and when we prepared for this inspection we reviewed what the service had submitted and on viewing records on our visit we found the service had submitted all appropriate notifications.

We observed the Nominated individual dealing with a telephone enquiry. They clearly explained the service Home Instead provided and offered further information and an invite to meet the person and their family. The Nominated individual was extremely professional and courteous in their manner.

The Nominated individual told us of various audits and checks that were carried out on care files and health . Any accidents and incidents that involved the services staff were monitored to ensure any trends were identified. The Nominated individual told us how they reviewed all aspects of the service and amended them where they felt

## Is the service well-led?

improvements could be made. For example, the Nominated individual felt that mandatory refresher training for staff had become “stale and tick boxey”. They investigated and introduced the Grey Matter system which supports the new Care Certificate and provides more

competency and learning from experience methods. We saw that staff would discuss their reflections with the registered manager in supervisions. The Nominated individual told us; “It has made it [training] more personal to each staff member.”