

Fylde Coast Care Ltd

# Home Instead Senior Care

## Inspection report

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30 June 2016

01 July 2016

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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

The inspection visit at Home Instead was undertaken on 29, 30 June and 01 July 2016 and was announced. We gave 48 hours' notice of the inspection to ensure people who accessed the service, staff and visitors were available to talk with us.

Home Instead provides personal care assistance for people who live in their own homes. The service supports people who may live with mental health conditions, dementia or a learning disability. The office is based in a commercial park on the outskirts of Blackpool.

A registered manager was in place. 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.

At the last inspection on 27 May 2014, we found the provider was meeting the requirements of the regulations.

During this inspection, staff, people and their relatives told us they felt the leadership and management of Home Instead was good. The registered manager had systems to check quality assurance, such as a number of feedback and monitoring systems. Staff and people who accessed the service told us they felt valued and a part of the ongoing development of the service. The provider had worked with a number of external agencies and within the local community to establish areas of good practice.

We found the management team invested in their staff, through training and support, and celebrated their achievements. The provider and a staff member both won national awards for demonstrating a caring approach. People said Home Instead was well run and they could contact the office if they had any concerns. The registered manager had a range of audits and monitoring systems to maintain their safety and wellbeing.

The management team were innovative in their approach to training and supporting staff. For example, they developed and implemented a bespoke qualification with the local college. People said there was consistency of staff who met their care packages at agreed times. One person told us, "They are always on time." The registered manager had effective recruitment systems to protect people from unsuitable staff.

People said they felt safe when staff supported them as part of their care packages. When we discussed safeguarding procedures with staff, they demonstrated a good understanding and were aware of who to report any concerns.

We found, where required, staff completed safe procedures in the management of people's medicines. One person told us, "They oversee me taking my medication. It helps me to keep safe." Staff files contained

evidence staff undertook relevant training and all related processes were audited by the management team to check their effectiveness.

Care records we reviewed contained people's signed consent to their overall and decision-specific support. Staff demonstrated a good awareness of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. One staff member said, "I fully respect a person's right to a good life and to make their own decisions. I support them to do so."

Records were individualised to each person and staff understood the principles of person-centred care. We saw they supported individuals and their relatives to be fully involved in their care. A staff member explained, "I respect clients like my family. Their wishes and preferences must come first." People said they had information to guide them about commenting on their care if they chose to.

Staff support matched care planning we reviewed in order to maintain people's independence. One person said, "The carers are supervising me with my cooking so that I can do it myself." Where applicable, staff assisted people with their nutritional needs and had training to protect them from unsafe food hygiene.

## 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.

Staff had a good understanding of safeguarding procedures and how to report concerns. The provider had rigorous systems to manage of risk.

People told us staffing numbers were sufficient to meet their requirements. The registered manager had safe recruitment systems to protect people from unsuitable staff.

We observed staff completed medication processes with a safe approach.

### Is the service effective?

Good ●

The service was effective.

The management team invested heavily in their staff through training and supervision. This enabled staff to be effective in their roles because they utilised their training in practice. They also received training and had a good understanding of the principles of the Mental Capacity Act 2005.

Where applicable, staff assisted people with their nutritional needs. They had a good understanding of food safety and had relevant training.

### Is the service caring?

Good ●

The service was caring.

We observed staff supported people in a caring and kind way. They consistently assisted them to maintain their independence.

Staff demonstrated a good awareness of each person's requirements and the importance of developing caring relationships to meet them. People and their representatives confirmed they were fully involved in their care planning.

### Is the service responsive?

Good ●

The service was responsive.

The registered manager recognised the importance of supporting people's social requirements. We observed staff consistently engaged with a meaningful approach and had time to develop supportive relationships.

Records were individualised to each person and staff understood the principles of person-centred care.

People said they had information to guide them about making a complaint if they needed to.

**Is the service well-led?**

**Good** ●

The service was well-led.

We found the management team invested in their staff and celebrated their achievements. People who accessed the service and staff said the management team were very good.

The registered manager had systems to measure and retain oversight of the quality of the service. Staff and people who accessed the service said they felt valued and involved in the ongoing development of Home Instead.

# Home Instead Senior Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our announced inspection on 29, 30 June and 01 July 2016, we reviewed the information we held about Home Instead. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes. We checked safeguarding alerts, comments and concerns received about the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager stated they planned to increase staffing levels and enhance the office structure because the service was expanding. New medication systems and forums were being set up to maintain related standards. Additionally, forums for staff, people who accessed Home Instead and their relatives were planned to offer further service quality feedback opportunities.

We spoke with a range of people about this service. They included three members of the management team, six staff members, eight people who accessed the service and two relatives. We discussed care with a person at their own home. We reviewed the service with the local authority who told us they had no ongoing concerns about Home Instead.

We also spent time looking at records. We checked documents in relation to six people who had received support from Home Instead and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

## Is the service safe?

### Our findings

People and their representatives told us staff supported them safely during care visits. One person stated, "I feel safe in their hands." We discussed medication safety with another individual who added, "They check my blister pack to make sure I've taken my medication." A third person stated, "I feel very safe."

The management team had accident and incident systems to protect people from an unsafe environment. Staff documented details about any incidents, actions they took and completed a review of lessons learnt with the management team. We found care files contained copies of accident logs to guide staff about additional care changes to keep them up-to-date. This showed the provider took action to reduce risks to people who lived in their own homes.

Staff demonstrated a good understanding of protecting people from abuse and poor practice. They knew who to report concerns to and received training in related principles. One staff member said, "If I saw anything of concern I would record everything and report it to the office." The registered manager gave information to staff and people to guide them about who to report their concerns. They analysed safeguarding incidents to check their systems were safe and minimised any risks.

The management team completed risk assessments to monitor and manage potential risks to staff and people they supported in their own homes. The registered manager told us, "Our staff and clients' safety is paramount to us, so it is imperative we carry out a risk assessment whenever this is needed." Assessments covered risks associated with, for example, environmental safety, movement and handling, home access issues, power loss and medication. We noted people signed these documents to consent to measures intended to maintain their safety.

People who accessed Home Instead told us staffing numbers were sufficient to meet their requirements. They said staff arrived at the agreed times and had not missed visits. One person stated, "They always come on time and they stay on a bit if they can." A second person added, "[My staff member] always comes bang on time." People also stated they had consistency of staff, as well as good skill mixes and experienced staff who understood their needs. The management team told us they ensured staff were paid travel time and never had back-to-back visits. Records we looked at confirmed staffing levels were sufficient to enable people to have their agreed packages of care. A staff member said, "We don't have back-to-back visits, which means we can spend time just chatting and making sure people have their full package of care."

We found the registered manager had recruitment systems to protect people from the employment of unsuitable staff. Staff files we reviewed contained references and criminal record checks obtained from the Disclosure and Barring Service. Additionally, the management team verified potential employees' full work history and regularly audited staff files to ensure there were no gaps. Staff we spoke with confirmed their recruitment was professional and thorough. One staff member told us, "My recruitment was a very enjoyable journey. They took the time to get to know me, which was a good way of matching me up to my clients." People said they had confidence in newly recruited staff and were introduced to them before they provided support. One person stated, "They always agree any changes with me when a new one starts."

Staff were responsible for prompting and giving people their medicines. We discussed this with individuals who accessed Home Instead, who told us staff did this well. One person said, "I do my own medication, which comes in a pack. They check that I've taken it." They stated this reassured them their medication was safely managed. The registered manager completed regular medication audits and staff competency tests to ensure related procedures were safe. Additionally, they held monthly monitoring and management meetings specifically to check medication processes as part of their safe management of people's medicines.

We observed a staff member washed their hands before they supported one person to take their medication. They checked what 'when required' medication they needed, followed the person's requests and completed records correctly. Additionally, medication changes were recorded on special forms to ensure good staff communication of the amendments between visits. The staff member told us, "Medication is a really important part of our roles and it is essential we get it right." Records we reviewed contained evidence staff received training in medication procedures. The registered manager said, "We try to empower the 'Caregivers' [staff] to have ownership of their responsibilities with medication. If they have concerns, they contact us and the pharmacy, GP or out-of-hours service when necessary."



## Is the service effective?

### Our findings

We checked whether people and their representatives felt staff were effective in their duties. One individual who accessed the service said, "They are very good with me." A relative stated, "We are very happy. They provide everything we need."

Home Instead's training manager had established a training academy within the service. This provided training throughout the six-month probationary periods for new staff, resulting in a graduation ceremony for successful candidates. The training manager told us, "The staff are on a journey when they start and we are with them every step of the way." The academy further provided a range of training and guidance for all staff, as well as workbooks, observation of practice and supervision. This included the care certificate, which covered such areas as person-centred care, communication, first aid and environmental safety. On completion of this training, the management team held a graduation ceremony to celebrate staff achievements.

The management team told us their recruitment focused on the potential employee's attitude more than their qualifications. The training manager explained, "We can train anybody up and provide access to any qualifications, but you can't train that caring attitude." We found all new staff had a rigorous induction, which included shadowing staff who had established relationships with people. Once the individual who accessed the service got used to the new employee they would then start to work with them.

The management team demonstrated innovative approaches to staff training. For example, they completed external 'train the trainer' courses, such as end of life care, patient handling and medication. The management team then trained staff in ways that incorporated localised needs. They worked with the local college to develop a level two Qualification and Credit Framework in health and social care. This bespoke training, specifically for Home Instead, meant staff had an opportunity to gain a recognised qualification. Practical and workbook based training included infection control, movement and handling, new equipment, environmental safety and personal care. The registered manager had also recently established drop-in groups to guide staff with medication processes. They further supported staff awareness through access to a diploma in Alzheimer's awareness they had developed with City and Guilds. This showed the management team understood the importance of staff training in their roles and prioritised this within the service.

We found new staff received supervision, appraisals, telephone support and competency testing throughout their six-month probationary period and beyond. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. The sessions covered a review of notes from previous supervisions, health and safety, safeguarding, personal care and training or any other needs. One staff member said, "Supervision is amazing because it's very organised and structured. We also get regular calls to check if we're ok and if we needed anything." Records included evidence of the management team undertaking competency tests, such as medication and manual handling, of all staff every six months. This showed the management team supported staff to carry out their duties effectively.

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. Staff had received MCA training and demonstrated an understanding of related processes.

During a visit to one person's own home, we observed staff constantly checked for their consent before supporting them. They showed a good understanding of related principles and explained, "Even though they've signed their consent it is important we still check they agree at every visit and before we support them." Care records contained people's signed consent to their overall and decision-specific support. For example, they had agreed their care planning, risk assessment and the terms and conditions of their care package arrangements. People and their representatives told us care was discussed with them and staff sought their consent prior to assisting them.

Staff received training in nutritional support and food hygiene. People said, where applicable, staff supported them effectively with their nutritional requirements. One person told us, "The meals are good." We observed staff asked individuals what they wanted to eat and checked for any other requirements before they left. However, we found nutritional risk assessments to protect people against malnutrition were brief and provided limited guidance for staff. Although Home Instead only provided minimal support in this area, the management team agreed this required further development. They reassured us they would address this as a priority.

Staff completed an 'emergency client information' sheet to detail people's contact details, medical history and medication. They gave them to ambulance crews where emergencies arose to ensure the individual's continuity of care. Additionally, a separate call log sheet was used to enhance communication between care visits. This kept staff up-to-date with any input from other healthcare services or changes in care. Details included information about other healthcare professionals involved, such as GPs and district nurses, and medication amendments. Staff understood the importance of working with other professionals to maintain people's continuity of care. One staff member said, "I know my clients inside out and can see any changes straight away."

# Is the service caring?

## Our findings

People said they felt staff had a caring approach to their care. One person told us, "Yes, I'm very happy." Another individual added, "I'm very happy with the service." A third person explained, "They are more friends than carers, sometimes if I'm not feeling well they will just call to see me." A fourth individual told inspectors, "I hope you're going to say nice things about these carers because they are lovely."

We saw evidence a staff member was nominated by people who accessed the service for the Queens Award, which they successfully won. The Queen's Awards for Enterprise are an awards programme for British businesses and other organisations. They are the highest official UK awards for services that excel at international trade, innovation or sustainable development. The staff member received the award for their dedication to the community, their empathy and support to help people maintain their independence.

We found staff were kind, compassionate and friendly during care visits. For example, they maintained eye contact throughout and made appropriate use of humour. They responded to requests with patience and courteousness, whilst checking the individual had everything they required. One person told us, "The staff are very friendly." We observed staff had a clear appreciation of the individual's preferred routines and care requirements. Staff support matched care planning we reviewed in order to maintain people's independence. One person confirmed, "I am reducing my package because they've helped me to get more independent." The registered manager worked hard to match staff skills against people needs. We found this assisted staff to develop important, caring relationships because they quickly got to know them and understand their requirements.

The management team trained staff to maintain people's privacy and dignity in care, which we found they used in practice. For example, we observed in one person's own home staff knocked on doors, were courteous in their approach and checked their needs prior to supporting them. A staff member said, "It's so important to maintain their dignity and we can only do this if we are respectful, kind, caring and knowledgeable." We found care planning was personalised and support actions were aimed at assisting people to retain their autonomy. A staff member told us they encouraged individuals to participate in every aspect of their care because, "It helps them feel valued and helps with their independence." This showed staff had respected people and supported them to maintain their self-reliance continuously.

People and their representatives confirmed they were fully involved in their care planning. A relative explained, "Our care package does not start until tomorrow but I have had extensive discussions on the care plan. I've been very involved." Care records focused on people's preferences and how they wished their support to be delivered. Details included their consent to care as well as documents related to their preferred activities, medication support and self-care abilities. Staff demonstrated a good awareness of each person's requirements and the importance of developing caring relationships to meet them. One staff member explained by working collaboratively with people it assisted them to develop relationships and to understand their needs fully. Another staff member stated, "I love the relationships we have with the clients. We have the time to build up a good bond."

## Is the service responsive?

### Our findings

People said staff were responsive to their needs and assisted them to reduce their social isolation. One person told us, "They cook for me or sometimes they will bring me fish and chips if I ask them. They sit with me chatting". A relative stated, "They are very helpful and provide good companionship for [my relative]."

The management team told us they only accepted care packages of more than 60 minutes. They said this was because longer visits assisted staff and people to develop their relationships and get to know each other. The registered manager explained, "Beyond care, supporting people with social skills and just chatting is as important." We observed in one person's own home staff consistently provided meaningful conversation throughout the care visit. For example, they took interest in people's conversations about their daily lives and encouraged discussions about current news and affairs. Staff confirmed they understood the importance of supporting each individual's social needs. One staff member told us, "Our clients are fascinating people. Chatting is a really important aspect of our jobs to help people feel less isolated."

Care files we saw held important assessments of people's needs and support requirements. This included review of medication, activities/social needs, physical and mental health, nutrition and personal care. A member of the management team discussed and agreed care plans with the individual or their relative. Records were individualised to each person and staff understood the principles of person-centred care. One staff member said, "I love how the care plans are set out because they always tell a story". People signed their agreement to care and the management team obtained detailed information about their life histories. This meant staff had information to help them understand individuals living in their own homes and to be responsive to their needs.

The management team told us they provided a companionship service for a large number of people who accessed Home Instead. Frequently, their needs changed and the individuals continued to choose the service to support them with personal care. The registered manager explained this meant they were responsive to their changing requirements because, "We have got to know them, through their pathway. We can pick up any changes or where clients need more complicated support. We know them and their needs when they get to that stage."

Office copies of care plans were updated to changes in documentation held at the person's own home. The management team told us a senior staff member would then attend the person's home to discuss care with them. They additionally ensured both records were up-to-date and correct. The registered manager explained, "It's all about developing people's independence and their person-centred care." People or their relatives were clearly involved in the review of their care planning to check staff continued to meet their needs. A staff member explained they discussed all the records related to the individual to check support continued to respond to their requirements. The staff member added, "I read out the daily log to the client to check if they're ok with what I've written. It helps them feel involved in their care."

People we spoke with and their representatives told us they had no complaints about Home Instead. They confirmed they understood how to make a complaint if they needed to because relevant information had

been made available to them. One person told us, "If I had any worries, I'd tell the carer but there is a folder with contact details in it if I need to contact anyone." The registered manager told us they had received five complaints over the past year. We found they documented concerns raised and action taken. The management team had responded to complaints with an appropriate and timely approach.

## Is the service well-led?

### Our findings

People told us Home Instead was well run and the management team sought their feedback about the quality of the service. One person said, "The office contacts me regularly and I have their details if I need to call them." Another person added, "I get the odd call from managers and I have filled in a feedback form recently."

The management team told us they invested in their staff and celebrated their achievements, such as on completion of training and any awards. The training manager explained, "It promotes morale and helps our staff to feel a part of our 'family'." Staff told us they felt the management team were supportive of them and were good leaders. One staff member said, "[The management team] are lovely and are very approachable." Another staff member added, "I'm supported 100%. Someone's always at the end of the phone and they give me confidence."

The registered manager worked with other providers to develop good practice. For example, they rolled out their City and Guilds jointly developed Alzheimer's Diploma to other community services. This included relatives, carers, the local ambulance and fire services, other care providers and social workers. We noted one paramedic fed back, 'The workshop was excellent. It was great to work with carers of people with dementia and has given me a greater understanding.' This showed the registered manager had made an impact upon community services to improve their communication skills with people who lived with Alzheimer's. Furthermore, the management team worked with trading standards on the 'Be Scam Aware' campaign to keep individuals safe. Staff received training and toolkits to support people and protect them from potential scams.

The provider had established a 'memory hub' in the local community that was accessible to members of the public. This was designed as a place of relaxation and support for people who lived with memory loss and dementia. There was a nostalgia wall and interactive tools, photographs and products from bygone days. The hub also provided interactive computer equipment to support and guide carers.

The registered manager had systems to monitor and check care visits to ensure people received their agreed support. This included a telephone log on and off application all staff had on their mobile telephones. Systems were live and enabled the management team to check constantly when and where staff were. One staff member told us, "We are monitored in lots of ways. I actually like that because they check us supportively to make sure we are doing our jobs properly." Records we looked at held evidence the management team met with individual staff to look at any related concerns.

The provider had systems to assess quality assurance and to maintain people's safety and welfare. Audits covered, for example, medication, safeguarding incidents, staffing levels, recruitment, accidents, equipment, training and care files. The registered manager told us, "We focus very much on being able to continuously improve. Our systems and audits are geared around this and we are excited and passionate about our continuous improvement." This showed the management team had good oversight of Home Instead's quality assurance processes.

A range of staff, team and management meetings were held regularly to encourage an ethos of continuous improvement. Staff confirmed team meetings gave them the opportunity to discuss any concerns or suggestions to improve. One staff member told us, "[The management team] encourage us to share our ideas and how we can make things better. It really makes me feel valued." This was underpinned by designated staff champions who were experienced and trained to support colleagues and disseminate information and best practice. They covered areas such as medication, training, recruitment and dementia awareness. The management team encouraged staff to take ownership and be involved in service development. For example, they sent out frequent newsletters to encourage feedback about the service. This also notified staff about policies, training, forthcoming events and other important information.

The management team assessed the quality of care with people who lived in their own homes. They utilised an external organisation to send regular satisfaction surveys to enable anonymous and impartial feedback. One person confirmed, "I did a feedback form about two weeks ago." Surveys checked people's experiences of feeling valued and treated as an individual, staff attitude and ideas for service development. Samples we reviewed were positive about Home Instead's approach to care. Comments seen included 'Yes, they're a good lot' and 'They suggest many things for me to do'. The service provided an easy read format to support people with communication difficulties to access information about the quality of Home Instead.

We further found the registered manager underpinned continuous improvement by sending staff regular questionnaires via the same external organisation. These checked staff experiences of meetings, training and care processes, which assisted them to feel a part of the service's ongoing development. Comments seen included, 'I already feel Home Instead is the best employer' and 'I feel proud of the work I've done.'