

South Manchester Senior Care Ltd

Home Instead South Manchester

Inspection report

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Date of inspection visit:
21 January 2020

Date of publication:
21 February 2020

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 South Manchester is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of inspection, 30 people were receiving personal care.

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

There were issues around the safe recruitment of staff. Some pre-recruitment checks were not made in the four files we considered, and, in one case, the service could not be satisfied that a member of staff continued to be safely employed. After the inspection, additional measures were put in place to ensure these matters were resolved. We found no evidence people were at risk of harm from this concern. This has resulted in making a recommendation that can be seen in the 'safe' section of this report.

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Risks were identified and managed. Incidents and accidents were recorded so that they could be considered and reflected upon to make improvements to the service. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes.

People liked the staff who supported them and told us staff were kind and respectful. The registered manager, provider representative and staff considered people's diversity and respected their right to privacy and dignity. They encouraged people to be as independent as they could be and involved them in decisions about their care. The service could provide people with information about local advocacy services, to ensure they could access support to express their views if they needed to. People's personal information was kept confidentially.

Staff had completed training in key areas and were supported to carry out their roles. They were supported in their roles by the provider and registered manager. People were supported to access health services if needed. People's dietary needs were assessed and, where required, they were supported with their meals.

People's care plans were up to date and detailed their individual needs and preferences. People and their relatives knew how to complain, although none we spoke with had any complaints. One person said, "With any issues, I'd just speak to the manager and it will be sorted out without the need to raise a complaint."

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. There were quality assurance systems in place to monitor the quality and safety of the service. There was a focus on continuous improvement and learning from mistakes.

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 26 July 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 was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Home Instead South Manchester

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 and an Expert by Experience. The Expert by Experience made calls to people and their relatives seeking feedback on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 community based service and we needed to be sure the registered manager and provider representative would be in the office to support the inspection.

Inspection activity started and concluded on 21 January 2020. We visited the office location on 21 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from health care professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and a seven relatives about their experience of the care provided. We spoke with three members of staff, the registered manager and a representative of the provider. We reviewed a range of records which included four people's care records and four staff files. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager and provider representative to validate evidence found.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment procedures were not always followed. We found checks into staff members' histories had not been thorough enough. Some checks with previous employers in health and social care had not always been made.
- In one case, we saw an issue of concern had not been properly addressed after a new employee had started work. All checks such as those into identity and criminal records had been made and there was no evidence that anyone had been harmed because of the omissions. We raised this with the registered manager and provider representative who implemented further measures to ensure the whole staff team continued to be safe to work with vulnerable people.

We recommend the provider reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed. People told us staff arrived on time, stayed for the right amount of time and did not rush them.

Using medicines safely

- Medicines were managed safely. People confirmed they received their medicines when they should. Medicines were recorded within people's medication administration records. This meant the registered manager and provider representative had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions.
- Medicines were administered by staff who had completed relevant training to administer them safely. Staff member's competency to administer medicines was regularly checked. One person said, "I get my medicine at the same time every day. Staff make sure of it."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I feel very safe. They [staff] are the kings and queens of care."
- There were effective safeguarding processes in place and staff, the registered manager and provider representative had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns. A member of staff said, "Staff are encouraged to report concerns. No issues. Nothing is hidden."

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments

about individual care needs such as nutrition, hydration and using specialist equipment. Control measures to minimise any risks that were identified were set out for staff to refer to. We noted many of these incorporated specialist input of social and healthcare professionals such as occupational therapists.

- People told us staff were attentive to their safety and wellbeing. A relative said, "They are on top of things before even we realise and always suggest solutions. If they can't deal with it, they get the experts in."

Preventing and controlling infection

- Actions were taken to reduce the risks of cross infection. Personal protective equipment (PPE) such as gloves and aprons was available to staff to reduce the risks of infections spreading. People told us staff wore PPE when appropriate.

Learning lessons when things go wrong

- The registered manager and provider representative communicated openly with people if improvements to care were needed. A log of incidents was kept and analysed to prevent further incidents occurring. We noted how a mis-recording of someone's medicines had resulted in further training and supervision sessions to ensure staff remained competent to administer medicines.

- The registered manager and provider representative told us they felt they were continually learning lessons including some they had gained from the CQC inspection.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide support. Where people lived and the impact on staffing capacity were considered before a decision was reached about whether the provider could meet a person's needs. The registered manager said they would decline to provide a service if the person's needs could not be met.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person, their relative and where appropriate, relevant health and social care professionals. These were planned and reviewed regularly to ensure people received support that met their changing needs. One relative said, "The manager comes out and does reviews and everything is sorted just the way me and my relative likes."

Staff support: induction, training, skills and experience

- Staff had the right level of training and experience. People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One person said, "I think they [staff] are really well trained and they write everything down so my relative can look at what they have done for me."
- Staff training in key areas was up-to-date. Staff members we spoke with felt they had received enough training for their role. One said, "Our training is comprehensive and quite practical as well." Records supported staff members' training was up to date. Where required, we noted specialised training was provided around areas such as moving and handling. All staff had to undertake a practical emergency life saving first aid session.
- Staff had completed or were working towards additional external qualifications in health and social care. New staff had completed an appropriate induction to the service. One staff member said, "I was new to care and felt the induction could be altered to reflect this. Management listened and changed the way we induct new staff. I feel this assisted the support to staff not familiar with care support."
- Staff received regular supervisions and an annual appraisal. We noted in correspondence to the registered manager an external training assessor said, "Your staff showed a high standard of care and support and were a pleasure to work with."

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

- People received support with eating and drinking, where they had needs in this area. Care plans were personalised and included details of people's preferred way of being supported, such as what food they liked and how they liked to eat it.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- People received ongoing health care support. Where appropriate, referrals were made to health care services when people's needs changed. People told us the service contacted health professionals when their health had declined.
- Records showed the service worked with a range of external professionals to maintain and promote people's health.

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 with appropriate legal authority. 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.

- At the time of the inspection, no one using the service was subject to any restriction of their liberty in line with MCA legislation. We noted one person may have required a review around the extent and level of supervision the service was providing to ensure compliance with legislation. The registered manager undertook to arrange this.
- The registered manager and provider representative had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised, and they understood the importance of gaining a person's consent before providing any care and support. One person told us, "My staff member is very considerate and always asks permission."
- Although the registered manager routinely assessed people's capacity and held best interest discussions with key people, this was not always formally documented. They agreed to review processes to bring them in line with the MCA.

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 and kindness. People and relatives told us staff members and the registered manager were kind and compassionate. They told us their experiences of receiving care from staff had a positive impact on their wellbeing. One person said, "They [staff] are very kind and I get on with them very well." A relative said, "My relative can get anxious but they [staff] take their time to reassure her and make sure everything is done." Another relative spoke of how well the service had supported their relatives after an accident and that staff had accompanied their loved one to hospital. Staff also spoke with affection and understanding of working with people and their relatives.
- Staff understood the importance of treating people as individuals with rights. They were also aware of the importance of treating people equally, taking account of the diversity of the people they cared for. These values were promoted by the service and were covered during staff members' induction.

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

- Staff helped people to express their views, so staff and the registered manager understood them around their preferences and choices. One relative said, "My relative is very particular and likes things done in his own way. They are very sensitive with him and make sure he's comfortable."
- When people could not make day-to-day decisions, if required, the service could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were respected and treated with dignity. People and relatives told us staff were good at upholding their dignity. This meant people felt respected and were comfortable with staff entering their homes.
- People were promoted to be as independent as they were able and wished to be, without compromising safety. A member of staff said, "We all try our best to promote people's independence. The manager is keen on this and involves people and family to make sure we get the balance right."
- Staff could describe to us in detail people's likes and dislikes. They knew people well.

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 to meet their needs and preferences; 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

- Care plans were person centred, up-to-date and regularly reviewed. They were well written and contained information about people's daily routines and specific care and support needs. One relative said, "A manager comes out and does a review. It's all very responsive. They just want people to be safe and happy."
- The staff members we spoke with knew people's needs and preferences and said they would be responsive to people's changing needs.
- People were supported by staff to participate in activities which were meaningful to them. In some cases, we noted that staff regularly supported people in the community with shopping and community activities. One person said, "They support me in the community when I go out and this is invaluable and helps me keep independent." Another said, "They have supported me for the last two years, and have enabled me to grow with strength after my accident. They also helped me to plan, prepare and participate in a holiday abroad."

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. 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.

- The service met people's communication needs. The registered manager and senior staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. They gave us examples of how information could be provided to people in different formats to enable them to engage with staff.
- We noted technology was sometimes used to assist communication. One person said, "We are all on a social media messaging system and we can get in touch with each other at any time."

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to senior staff directly. One said, "I have no complaints but if I had, I would just contact the manager."
- People who used the service were given a guide when they started to use the service. This contained information about how to raise any concerns and how they would be managed. The service had received one formal complaint in the past 12 months. We noted it had been investigated and the complainant had been kept informed of developments and the conclusion of the enquiry.

End of life care and support

- The service had an end of life care and support policy. At the time of the inspection, no one was receiving end of life support.
- The registered manager said the service had supported people who required end of life support. They worked with the person, their relatives and health care professionals to ensure their needs and wishes were met.
- Some staff members had training in end of life support and the registered manager said that they would always arrange for staff to receive specialised training if they provided this type of care and support. A recently bereaved relative commented about how caring and supportive staff were in this area and this included management and office staff. In addition, they said, "[Staff member] behaved in a very caring and compassionate way throughout."

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and positive management culture within the service. The registered manager and provider representative provided effective leadership and a clear direction for staff to provide person centred care.
- Staff told us they felt listened to and well supported to develop their roles within their work to improve the care and support for people. We were told, "We had some issues around how we were organised to support people. Management listened, acted and kept us informed throughout."

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 and provider representative told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong or changes were required to support a person.
- The registered manager and staff understood the importance of reporting accidents and changes in people's health to the appropriate professionals and agencies and keeping families informed. This indicated that the principles behind a duty of candour were recognised within the service's culture. One relative said, "We were on holiday and our relative rang the manager in a confused state. They acted quickly and kept us informed throughout."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood the requirements of their registration. They notified CQC of significant events and displayed the previous CQC rating in the office and on their web-site.
- The registered manager and provider representative kept up to date with changes in legislation and current best practice and monitored staff practices and development. The provider representative also provided 'free to use' sessions and guides around latest developments in best practice for adult social care. People, relatives and professionals were encouraged to participate in the sessions..
- The registered manager and staff operated quality assurance programmes and monthly audits on all aspects of the service including medication and care records. These had highlighted where improvements were needed to keep people safe, such as the need to check staff competence around medicines administration. An external specialist had completed an audit on aspects of essential care delivery in August

2019 and we noted all recommendations had been actioned at the time of the CQC inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager, provider representative and staff had created an inclusive environment. They sought ideas and feedback from people and relatives both informally and by using surveys. People said they felt their views were important and staff respected their choices and chosen lifestyles.
- Staff told us they felt valued, listened to and well supported to develop in their work. They told us staff morale was good and they had the opportunity to speak about any issues at their regular meetings with senior staff.
- The registered manager and provider representative worked in partnership with health care professionals from local multidisciplinary teams. This played a part in people's wellbeing.