

Later Living Home Care Limited

Home Instead Senior Care (Rotherham)

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 ●

Summary of findings

Overall summary

About the service:

Home Instead Senior Care is a domiciliary care service providing care and support to people in their own homes in the Rotherham area. Not everyone using the service received personal care. CQC only inspects where people receive personal care. Where they do we also consider any wider social care provided. At the time of the inspection it was providing personal care services to around 30 people

People's experience of using this service:

Risk assessments were carried out to ensure people could be cared for safely, although we did identify a small number of areas where a risk assessment was required but not in place. People were protected against the risk of abuse. Staff had received training in relation to safeguarding, and records showed the provider had taken most of the required steps when people were suspected to be at risk of abuse, although on two occasions the provider had not made the required notifications to CQC.

The provider carried out audits of the service regularly, but we identified a small number of areas which the audits hadn't identified. For example, medications were mostly well managed but there were no protocols in place for people taking medicines on an "as required" basis. We have made a recommendation about implementing appropriate protocols.

People received support which was tailored to their needs, delivered by staff who treated them with respect and knew them well. Staff treated people with warmth and empathy, and exhibited a passion for their roles. Staff spoke with pride about the service they delivered with many saying they would be happy for their loved ones to receive services from Home Instead Senior Care.

Management within the service had fostered a culture of openness and continuous improvement. There was effective communication between staff and managers, underpinned by regular staff supervision and appraisal. Staff received training and support to ensure they had the skills and knowledge to carry out their role effectively. People using the service spoke highly of the staff members' knowledge, with one saying: "They know what they are doing, I have no concerns about them at all."

People had access to healthcare professionals as required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's feedback was regularly sought, so that they could contribute to ongoing improvements within the service. We saw evidence of this during the inspection.

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 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 Senior Care (Rotherham)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Inspection team

The service was inspected by one inspector.

Service and service type

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

Notice of the inspection

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

Inspection activity started on 9 March 2020 and ended on 18 March 2020. We visited the office location on 11 March and made telephone calls to people using the service and staff from 16 March to 18 March.

What we did before the inspection

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

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and six members of staff. We spoke with four people using the service

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, training records, policies and procedures. We looked at feedback the provider had received from people using the service, their relatives and external professionals.

Is the service safe?

Our findings

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

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

Using medicines safely

- Staff told us they had received training in medicines management, and records we checked confirmed this.
- The provider had systems in place to monitor how medicines were managed within the service.
- The provider's system included monitoring of records, and carrying out monitoring checks of care visits which included looking at how medicines were managed and administered. We found this had not always been effective, however, as in one of the four files we checked we found the person did not have medication administration records in place, despite staff administering medicines. The staff member responsible for auditing acknowledged that some audits were overdue.
- We looked at the arrangements in place for people who were prescribed medication to be taken on an "as and when" basis, often referred to as PRN medicines. The provider did not have suitable protocols in place for this.

We have made a recommendation the provider source suitable guidance in relation to PRN protocols, and implements them.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from the risk of abuse due to effective systems operated by the provider.
- Staff had a good understanding of safeguarding processes, and had received appropriate training in this area.
- Records showed the provider had acted appropriately when incidents of suspected abuse had occurred, although we noted they had failed to notify CQC of two incidents of suspected abuse; this is a legal requirement. We raised this with the registered manager who told us they thought this was due to IT problems. They described measures they would implement to ensure this oversight would not reoccur.
- The provider gave advice to people about the risks of scammers and cold callers; they delivered information about this in the wider community as well as to people using the service.

Assessing risk, safety monitoring and management

- Each person using the service had a risk assessment setting out risks that they may present, or to which they could be vulnerable, although we noted for one person some risks that had arisen in the last year had not been incorporated into their risk assessments.
- Staff had a good knowledge of the risks people may be vulnerable to, and said they were given time to get

to know these things before they started to provide care.

- People using the service told us they felt safe. One said: "We're in safe hands, I never worry about a thing with them."
- The provider offered an additional electronic monitoring system, which people could purchase at an additional cost. This system monitored movement and activity within people's homes, and would make alerts if, for example, the person had not moved for a specified amount of time, or if they had not made a drink.

Staffing and recruitment

- There were electronic systems and risk assessments in place to manage the risk of staff lone working
- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and a total of six references sought from previous employer and other sources. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Preventing and controlling infection

- Staff had received appropriate training in the control and prevention of infection, and records confirmed this.
- People told us they observed staff used personal protective equipment (PPE) when carrying out certain care tasks.

Learning lessons when things go wrong

- A culture of continuous improvement underpinned the service. The registered manager as well as the staff team were passionate about learning from incidents and driving improvements.
- Staff debriefs and team meetings were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.

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 good. At this inspection it has 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 commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments. People we spoke with told us they were familiar with the contents of their care plans, and felt they accurately reflected their needs.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the provider. They described having a thorough induction and said the training was plentiful. One staff member told us the provider sourced training in areas of interest as well as mandatory training. We spoke with the training manager who demonstrated a passion for identifying and delivering good quality training.
- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service.
- People told us staff had the right skills to provide them with the support they needed.

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

- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed.
- Care records showed staff provided people with food and drink which reflected their preferences, and detailed records were kept of this.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was working with other agencies at the time of the inspection to devise an improved package of care for one person, and we saw evidence of this being done in a person centred and thoughtful way.
- Where other agencies were involved in people's care, records demonstrated staff communicated well with them to ensure people received an effective package of care.

Supporting people to live healthier lives, access healthcare services and support

- Records we checked showed that the provider worked in an integrated way with external healthcare providers to ensure people received optimum care.
- External healthcare providers' information and assessments had been incorporated into people's care plans

- Information was shared with other agencies if people needed to access other services, such as hospitals, and the provider routinely checked with people whether they needed referring to services such as chiropody or dentistry.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records we looked at showed where people had capacity, they had consented to their care plans.
- Where people lacked capacity, there were appropriate records in place showing decisions about people's care had been made in their best interests.
- One person told us: "I know what's in my records and I agreed to it; I can check this when I want, and I signed up to it."

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 good. At this inspection it 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 people's equality and diversity

- Care assessments we checked showed people's cultural needs and preferences were taken into consideration when their care packages were being developed.
- People we spoke with told us care staff consistently treated them with respect and told us they felt listened to when staff were carrying out care tasks. One person said: "They are very kind to us." Another said: "They are beautiful, you just know they've always got your best interest at heart."
- Staff spoke about people with respect and warmth. One staff member described the service as being "good enough for my parents, and that's something I wouldn't say lightly."
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. Staff received training in equality and diversity and any needs relating to protected characteristics were identified through the assessment process.

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

- People told us they were fully involved in decision making and felt like they were in control in relation to their care and treatment. One person said: "They let me know from the start I'd be involved, and they are true to their word,."
- People's views were taken fully into consideration when their care was being planned, and shaped the way their care was delivered.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was respected and people's care records were kept securely.
- Staff gave examples of how they upheld people's privacy and dignity, and said it underpinned everything they did.
- The provider organised initiatives and activities within the community, which people using the service could attend. These included lunches with entertainment, which promoted independence.

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 good. At this inspection it has remained the same This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans included information about people's personal history and social interests to enable staff to understand the person.
- Before care was provided, people were matched with care staff who shared their interests and whose personalities matched the person. One staff member told us about how this enabled them to speak about their religious interests with one person they supported, and described how they thought of people they supported as friends. The registered manager told us about many occasions where staff had gone "above and beyond." Including giving of their own time, to ensure people could pursue their interests and have control over their lives,.
- The provider operated a number of schemes across the area aimed at reducing isolation. These included "friendship lunches" and a dementia cafes. They were attended by people in the wider community as well as people using the service. They also published a guide listing activities for older people in the area, which was provided to people in their welcome pack when they started to use the service.
- Records of care showed staff checked with people about how care was being provided to ensure people had control over the care they received.

Meeting people's communication needs

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

- The service was meeting the requirements of the Accessible Information Standard (AIS). People's communication needs were assessed by the service and clearly recorded to ensure that staff were aware of any specific needs.
- Staff told us they always had the time to read people's care plans so they could familiarise themselves with people's communication needs. They said this ensured people received care in a way which suited them.
- The provider ensured people received care only from a small team of staff to whom they had been introduced before care started. This meant people's communication needs were better understood as staff knew them well.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy which was given to people when they started to use the service.
- People told us they would feel confident to complain about the service if they felt they needed to, and said they thought their complaints would be listened to.

- Where complaints had been received, records showed that they were thoroughly investigated, and complainants received written responses. We noted, however, that written responses did not direct complainants to the correct route of external remedy if they remained dissatisfied. The registered manager told us they would include this information in future complaints responses.
- Where appropriate, lessons were learned from complaints to improve the service and raise standard

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. However, we did note a small number of issues that audits hadn't identified, which we raised with the registered manager during the inspection.
- The registered manager understood the responsibilities of their registration. The rating of the last inspection was on display within the office premises and on the provider's website. However, we found that where incidents which were notifiable to CQC had occurred, the provider had failed to make such notifications on a small number of occasions.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff we spoke with were positive about the registered manager and the support they received. One staff member described the support they had received around a personal issue from the registered manager.
- Staff supervision records showed that managers provided support to staff facing personal issues to promote their wellbeing.
- Managers had created a culture which was open, collaborative and respectful, and staff told us they valued this.

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

- People's feedback was regularly sought, and incorporated into the way the service was run where appropriate. The provider used an external company to survey people using the service, their relatives and staff, and the findings were used as part of the provider's ongoing improvement programme.
- Staff told us they felt listened to and supported by the management team. One told us: "This is an outstanding place to work, it's like a big family and we all support each other."

Continuous learning and improving care

- Staff praised the learning opportunities available to them. Managers told us they encouraged staff development and training, and minutes of staff supervision evidenced this.
- There was a culture of learning from incidents, complaints and feedback, which all staff contributed to.

Working in partnership with others

- Care records showed that the provider had developed strong working partnerships with other providers, including specialist support services. This meant that people experienced care which was person centred, from providers who understood their needs.
- The provider was active within the local community, and was represented on, or led on, a number of local organisations and initiatives aimed at supporting older people, or sharing best practice in this field.
- The provider had participated in research conducted by a group of universities, to share knowledge about home care and future models of care, with the aim of improving outcomes for people nationally and internationally.