East Lancashire Home Care Limited

Home Instead East Lancashire Limited

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 East Lancashire Limited is a Domiciliary Care Agency. The offices are based in Blackburn Lancashire. People who use the service like to be referred to as clients, staff like to be referred to as care givers.

The service were last inspected on 17 September when they met all the regulations we inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Summary of findings

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Plans of care were individual to each person, showed staff had taken account of their wishes and were regularly reviewed. People signed their consent to care and treatment daily to say staff had followed the plan and the records they had written were accurate.

Although people who used the service lived in their own houses and chose what they ate staff were trained in nutrition and safe food handling to give advice to people about their meals. Where necessary staff supported people to eat and drink. Some people also received support to do their shopping.

The agency asked for people's views around how the service was performing and we saw evidence that the registered manager responded to their views.

There was a suitable complaints procedure for people to voice their concerns. The people we spoke with said they did not have any concerns but knew how to contact the office if they did. People were also given information about how to contact other services such as age concern or the advocacy service to get further support.

We observed a good rapport between people who used the service and staff. We saw that staff appeared to know people well and understand their needs.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package.

Staff received an induction and were supported when they commenced work to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics.

Management conducted audits to ensure the service was performing well or devised an action plan for any area they found lacking.

The office was suitable for providing a domiciliary care service and was staffed during office hours and out of hours for people to contact.

People who used the service thought mangers were accessible and available to talk to.

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?

Good

The service was safe. There were systems, policies and procedures in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration although people were encouraged to self-medicate or families undertook the task. Staff either prompted or administered medicines to help people remain well if this was part of their care package.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably inducted, trained and supported to provide effective care.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle because staff received nutrition training. Some people did not require support to prepare or buy food. People who did were supported by staff who had been trained in food safety.

Is the service caring?

Good

The service was caring. People who used the service and their family members told us staff were trustworthy, flexible and kind.

We saw that people who used the service had been involved in developing their plans of care. Their wishes and preferences were taken into account.

We spoke with three people who used the service with permission in their home. People told us staff were caring.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns.

People were asked their opinions in surveys, management reviews and spot checks. This gave people the opportunity to say how they wanted their care and support.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care agency.

There was a recognised management structure that staff were aware of and on call staff to contact out of normal office hours.

Summary of findings

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

Home Instead East Lancashire Limited

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 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.

In accordance with our guidance we told the provider we were undertaking this inspection to ensure someone was in the office to meet us. This announced inspection took place on the 16 and 17 December 2015 and was conducted by one inspector.

This service supports people who live in their own homes. We looked at the care records for four people who used the service (three at the office and one in a person's home). We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. We spoke with three people who used the service in their homes with permission, the registered manager and a senior member of.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We did not request 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 any improvements they plan to make.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the service. No major concerns were raised.

Good

Is the service safe?

Our findings

Three people who used the service said they felt safe. They also told us, "I trust the staff and the agency. They leave my property secure", "I can trust the staff they are all very good" and "They lock up if I want them to and always wear their correct identity."

We saw from the training matrix and staff files that staff had been trained in safeguarding issues. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. There was also a copy of the 'No Secrets' document for staff to follow good practice. Although the service had not had to report any safeguarding incidents the manager was aware of the responsibility to protect people and use the safeguarding procedures.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

People who used the service told us staff turned up on time and did not miss visits which meant there were enough staff employed at this care service to meet people's needs.

We examined three plans of care during the inspection in the office and one in a person's home, with their permission. In the plans of care we saw that risk assessments had been developed with people who used the service. The risk assessments we inspected included the safety of the environment, such as potential hazards to people who used the service, for example faulty equipment or any health related issues such as mobility problems. The risk assessments for people's homes were also for the safety of staff. Staff were aware to report any hazards or equipment that was unsafe. We saw that the risk assessments were to keep people safe but did not restrict their lifestyles.

Further risk assessments were conducted to keep people safe. These included assessments for any pain, communication problems, mental capacity, swallowing difficulties, diet, hydration and continence.

Equipment in the office had been tested to ensure it was safe. This included a Portable Appliance Test (PAT) for computers and other electrical equipment. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The building was owned by a property company. The manager told us any faults or repairs were quickly attended to.

People who used the service lived in their own homes and were responsible for infection control. However, from looking at the training matrix and staff files we saw that staff had been trained in infection control issues. The manager told us staff would report any infection control risks to the office and they would contact the person to see if a solution could be found. Personal protective equipment (PPE) was available for staff to wear such as gloves and aprons to help prevent the spread of infection and staff were issued with hand gel to use between visits.

From looking at the training matrix and staff files we saw staff had been trained in the safe administration of medicines. The registered manager was qualified to train staff in the safe administration of medicines. The three people we visited self-medicated. One person did say staff reminded her to ensure her medicines had been taken.

Staff used a medicines administration record to record any medicines they gave to people who used the service. Plans of care gave staff clear details of who was responsible for the administration of medicines and people signed their agreement for the level of support they required, if any.

There was a policy and procedure for the administration of medicines for staff to follow safe practice. The policy gave staff information on the ordering, storage, administration and disposal of medicines. The manager told us staff would report any medicines they did not feel were being stored safely or correctly to a senior member of the team.

Good

Is the service safe?

Senior staff checked staff competencies following training and prior to administering medicines. Further staff competency was then checked during spot checks. Safe medicines administration discussed up at staff meetings.

Good

Is the service effective?

Our findings

Three people who used the service told us, "I get the same team all the time. I have three main care staff and they are all brilliant. They are very reliable and also flexible if I need them to be", "I have my favourite staff but all the staff who come here are reliable and do what I ask. I helped train them for my own needs really", "and "The staff I use are reliable and I get the same staff who I know."

The agency used an auditing system to check staff arrived on time and spent the agreed time with people who used the service. People who used the service also had a schedule to be aware of when staff were due to assist them.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoL'S. However staff were trained in the MCA and DoL'S to ensure they were aware of the principles. The manager told us they would report any suspected deprivation of liberties to social services as a safeguarding concern.

All the people we spoke with had the capacity to make their own decisions and we were told by the registered manager that the service did not currently support any people who had dementia.

All new staff were enrolled on the care certificate and once completed would be encouraged to undertake further training in health and social care. Staff were taught care principles and techniques, for example, moving and handling. New staff then worked with a mentor and were not allowed to work with people who used the service until they and senior staff thought they were competent to do so. The induction included the completion of a work book so managers were aware of the capabilities of staff. There was a record of the times senior staff supported new employees. The registered manager was qualified to assess staff to meet this nationally recognised qualification.

Staff received training regularly to keep them up to date. Training included infection control, safeguarding, medicines administration, fire safety, food safety, moving and handling, first aid, basic life support and health and safety.

Other training staff completed included the MCA and DoLS, dementia care and confidentiality. Three staff were completing level three dementia awareness courses and would be 'dementia champions when they were qualified. This meant they would have sufficient knowledge and skills to pass on to other staff for the benefit of people who used the service. Staff were also encouraged and had completed courses such as the diploma in health and social care.

Staff received regular supervisions and yearly appraisals. We saw records that showed staff received formal supervision or spot checks to ensure they were competent regularly, usually monthly. The supervision sessions gave staff the opportunity to discuss their careers and training needs.

Staff were trained in safe food hygiene and nutrition. People lived in their own homes and could eat what they wanted. The manager told us staff would contact the office or a social worker if a person's nutrition was poor but if they had mental capacity it was each individual's choice what they ate. Likewise staff could only advise people about safe food hygiene. Two of the people we spoke with were responsible for providing their own meals and doing their own shopping with or without family assistance. One person had a personal assistant to help her with her meals and shopping.

The office was located on the outskirts of Blackburn and was accessible for any person who had mobility problems. The office was equipped to deal with day to day office management, for example, computers with email access, telephones and other office equipment such as a

Good

Is the service effective?

photocopier. There was a room available for private meetings or to hold staff training sessions. There was a staff member available to take calls and co-ordinate care during office hours and an on call service out of hours.

Good

Is the service caring?

Our findings

People who used the service said, “The staff are really kind and caring. They are really bothered about you. My care is given with dignity”, “The staff are all kind and do whatever I ask them to do” and “They are very caring and give me a lot of support. They helped me with getting an appointment with the falls clinic and to help they take me walking. I get the care I need.”

We observed the interaction between staff and people who used the service. We saw that a good relationship had developed because staff were known to people who used the service and there was a friendly rapport between them. People who used the service and family members said the manager was caring.

We did not observe any personal care being given but people told us they were looked after privately and their dignity was preserved.

Management conducted spot checks. This was to check on staff efficiency but also to talk to people who used the service to see if their care package was working.

We saw that plans of care detailed people’s personal choices and routines. This included the times people wanted their care and how long they needed staff to spend to complete their tasks. These also included details about a person’s food likes and dislikes, what level of personal care they required and how much they could do for themselves, any religious or cultural needs or records of any family involvement they would like. The service also asked family members about their views on what care was required and what support they gave to the person. This should enable people to be treated as individuals and receive care they were comfortable with. People signed their daily records after each visit.

We noted all care files and other documents were stored securely to help keep all information confidential.

People were given information on how to access the advocacy service. This enabled people to get advice and support from an independent person if they wished.

Good

Is the service responsive?

Our findings

People who used the service told us, “They discussed my care with my thoroughly. I sign for what they have done after every visit so I know it’s correct. I know how to complain if I had to and who to complain to”, “They always write about what they have done and it’s accurate. You can always contact staff at the office if you need to” and “The staff write about me and it is accurate. I read and sign for the care and support I have had. I don’t have any complaints but if I did I feel sure they would sort it out.”

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person’s needs. The assessment covered all aspects of a person’s health and social care and had been developed to help form the plans of care. We looked at three assessment records. The assessment process ensured agency staff could meet people’s needs and that people who used the service benefitted from the placement.

We looked at three plans of care in the office and one plan of care with permission in a person’s home. Plans of care were detailed and recorded the health and social needs of each person. Every plan of care had been developed with people who used the service and they had signed their consent. People had also signed their consent for data sharing if necessary. The details of the times of each visit and what staff had to do was part of the plan. The details were split into each visit time to record people’s personal preferences for example morning and evening. This ensured staff knew what to do on each visit. There was a detailed past social and medical history and a record of peoples likes and dislikes such as foods to ensure people were treated as individuals. Staff wrote in a diary after each visit and people who used the service signed the record. The three people we spoke with said the plans of care were accurate. They also said staff asked them if they required anything extra. The records we looked at had been regularly updated and contained sufficient details for staff to deliver effective care.

Staff took people out shopping or to undertake activities if this was a part of their care package. One person we spoke with was extremely pleased staff had supported her to attend the falls clinic and took her for walks. She said her confidence had improved and she was now walking outside with a stick and her ambition was to get back to driving her car and was sure staff would support her to do this.

We saw that each person had a copy of the complaints procedure in their plans of care. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC). No complaints had been made to the CQC or to the service.

The service had a business continuity plan to ensure people could be cared for if there was an emergency at the service. This included how the service could respond to people’s needs due to bad weather such as heavy snowfall hindering staff movement.

The service regularly contacted people who used the service to check on how well the service and staff were doing. From the three plans of care we looked at in the office we saw the surveys which were all positive. There were many compliments cards and letters which included comments such as “Many thanks for all the time and help you have given me”, “Thanks for all the help during the last few months, God bless” and “May I say a sincere thank you to the team who looked after me, the care and support you gave not only to mum but to the family as well.”

One staff member told us staff were matched with people who used the service to ensure they were able to get on with each other as well as give support. We saw that one person had changed a care staff member which had not worked out.

We saw the service liaised well with other organisations such as social services. We contacted the local authority and Healthwatch. Neither responded with any concerns.

Good

Is the service well-led?

Our findings

People who used the service said, “They are the crème de la crème of agencies. I am very happy with the service I get from Home Instead. I have had other agencies in the past but this is the best by far. Proper carers”, “I am very satisfied with the service” and “It all works well. I am happy with the way things are.”

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. People who used the service and a staff member said the registered manager and provider were easy to contact and responded to their needs. A staff member said, “Managers are supportive and the training is intense. The provider is easy to work for. They arrange a schedule for staff so they know what they are doing and we can make any changes in plenty of time to get the right care for people who use the service”.

We saw that there was a good staff team who supported each other. On the day of the inspection we could hear the care co-ordinator arranging shifts and taking calls in a professional manner. All the staff we spoke with said they supported and complimented each other. There was a recognised management structure staff could understand and were aware of. The registered manager, provider and other senior staff also kept in contact with people who used the service and visited them in their homes.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included accidents and incidents reporting, basic food hygiene, recruitment and selection, complaints, confidentiality, diversity and equality, entering a client’s home, handling monies, health, safety and welfare, infection control, lone working, behaviours that challenge, incidents and adverse reactions and safe record keeping. The policies were reviewed regularly to ensure they were fit for purpose.

The service is part of a national organisation who visit and check the care agency is operating to a good standard. Following a visit services may be given some areas of improvement and have to provide details of how they will achieve this.

The registered manager, provider and senior staff member undertake quality assurance checks such as spot checks for staff competency, medicines competency, auditing staff have been to visit at the right time and spent the right number of hours at people’s homes, recruitment and retention, supervision, training, client services such as care plans, CQC compliance, development areas, health and safety, interpersonal skills and daily records. The care agency undertakes sufficient audits to ensure the service is working well.

Staff meetings were held quarterly to discuss care and other issues. From looking at the minutes of the last meeting we topics discussed included, updating staff on client information and care, staff training and support, health and safety, comments, complaints and compliments, safeguarding, completing documentation correctly and the MCA. Staff were able to bring up topics if they wished to help them have a say in how the company was run.

The service sent out quality assurance questionnaires to people who used the service to gain their views. The results were analysed by an independent organisation. We saw that the results were very positive, for example 86% of people who used the service were very likely to recommend the service to other people, 100% thought they were properly introduced to care givers and 100% arrived on time.

The service sent out a regular newsletter to staff and people who used the service. The last newsletter told people how to complain if they wished, some interesting facts of general interest, the benefits of taking exercise and how to stay safe in inclement weather.

Each person also received an information pack when they commenced using the service. In the pack there were many documents, including the role of the CQC, the statement of purpose, which informed people of the aims and objectives of the service, what the service provided and did not provide, the qualifications of staff, key policies and procedures, the terms and conditions of using the service, insurance details, the hours of operation, out of hours

Good

Is the service well-led?

emergencies, compliments, comments and complaints. The documents also included useful telephone numbers, for example, advice and numbers for accessing the advocacy service, contact details of the Alzheimer's society, benefits office, MIND, the carer's link, cancer support and Age UK. This gave people the information they might need to get help or advice and clearly told people what the service was about.