

Mbekir Limited

Home Instead Senior Care

Inspection report

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Preston
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Date of inspection visit:
14 November 2016

Date of publication:
12 December 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?	Requires Improvement ●

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

Systems were in place to recognise and reduce the risk of abuse and to assess and monitor potential risks to people.

There were enough staff to provide the support people required. New staff had security checks to help ensure they were suitable to work in people's homes.

Systems were in place to make sure people received their medication safely, which included agency staff receiving medication training.

Is the service effective?

Good ●

The service was effective.

Training had been provided to staff to ensure they could meet people's needs.

Staff received supervision and support from their manager or a senior member of staff.

We found that people were receiving appropriate and personalised support with their personal care needs.

The care manager understood how to support people in line with the principles of the MCA. Information for staff on who held Powers of Attorney was not clear in people's plans

Is the service caring?

Good ●

The service was caring.

People and their relatives were happy with the care they received and were positive about the caring nature of staff.

People's privacy, dignity, independence and confidentiality were being respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in reviewing and agreeing their care plans and the plans had been reviewed and updated as people's needs had changed.

The service provision was flexible and people were able to make changes of the time or day that they required support.

There was a system in place to receive and handle any complaints or concerns raised and people who used the service said the agency responded quickly to their comments.

Is the service well-led?

The service was well led.

There had not been a registered manager in post for over 12 months at the time of the inspection. The care manager was applying to register and had undertaken significant management training in preparation for this important role.

The registered provider had good systems in place to monitor the quality of the service provided.

People who used the agency were regularly asked for their views and ideas on service improvement and their comments had been acted on.

Requires Improvement ●

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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.

This inspection took place between 14 and 18 November 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the care manager would be available. The inspection team consisted of one adult social care inspector. The time was split between visiting the services offices and speaking with the registered provider and care manager, the care scheduler, the training coordinator and an administrator and contacting people, their relatives and agency staff on the telephone.

We visited a person who received care and support from the service in their own home and looked at the records held there. We spoke with 10 people who used the service and/or their relatives on the telephone. We looked at a range of records about people's care and how the service was managed. These included care records for 10 people, medicine administration record (MAR) sheets and other records relating to the management of the domiciliary care agency. These records included staff training, support and recruitment records, quality assurance audits, minutes of meetings with staff, and feedback from people who had used the agency and the complaints and on call logs.

Before the inspection we gathered information from a number of sources. We asked the local authority commissioner of services for their knowledge of the agency. We reviewed all the information we held about the service. This included notifications we had received from the registered provider. A notification is information about important events that the service is required to send us by law.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We planned the inspection using all the information available to us.

Is the service safe?

Our findings

People who used the agency told us that they felt safe whilst receiving support from staff and got the kind of support that they wanted. We were told, "Certainly I feel I'm safe with them, I have confidence in them". One person told us "I had heard they were good from someone I know and to be honest they've been very good with me. I am absolutely satisfied and have never been given cause to worry". Another person told us "They [agency staff] always check to make sure I have taken my tablets".

A relative told us, "We feel comfortable with them and they do a competent job, so we can relax when we are not here". Another relative told us "They are a good agency, I would recommend them".

People who used the agency told us that enough staff came to provide the care they required. People told us that occasionally staff could be late but not by a long time. They told us that the office would let them know if there was going to be a wait and that there had always been good reasons for being late such as traffic or an emergency at the previous call. "We were told by one person "They [agency staff] can get held up, but the office has let me know why, so I don't worry". Other people we spoke with also made the same observation.

We looked at how the service managed risks to people. Before receiving support from the service, assessments had been carried out to help determine if the agency was able to meet the persons support needs safely. This assessment helped to make sure that the service only provided support to people whom they were able to meet their needs. There were plans in place to help reduce individual risks to people to help make sure they were supported for safely.

Risk assessments included medication risks, falls, mobility, equipment in use and the general environment people lived in that might affect their safety. We saw that as part of the service's initial assessment process an environmental safety risk assessment had been carried out. This helped the care manager to identify any potential risks in the person's home that might affect the person using the service or staff coming to their home to support them. There was also information on emergency procedures and actions to take. This helped to make sure that people were kept safe from foreseeable risks.

Staff training records indicated that staff had completed training in safeguarding and adult protection procedures and on recognising and reporting possible abuse or neglect. Staff we asked told us they had confidence in the care manager to deal with any reports of this.

We looked at how the agency managed medicines in people's homes and the policies and procedural guidance in place for staff to follow. Risk assessments were in place for people who needed help and support to take their medicines. Care plans stated the level of support people needed with their medicines and whether they needed to be given them or to be prompted. Agency staff who administered medicines had received training in safe medicine administration. There was a medicines training programme in use and this training had been followed up with competency assessments in people's homes. This included handling medicines, safe storage, disposal and the different levels of staff involvement in administration.

We looked at the records of five of the newest staff that had been recruited. We saw that all the checks and information required by law had been obtained before the staff were offered employment with the agency. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Checks had also been carried out on people's driving licences, car and insurance documents and roadworthiness to make sure staff were safe to drive.

Is the service effective?

Our findings

People we spoke with who used the agency confirmed that they had consented to the care they received. They told us that care workers and senior staff checked with them on a regular basis that they were happy with support being provided. People that we spoke with who used the service were happy with the care the agency provided and with the skills of the staff who supported them. People and relatives made positive comments about their experiences. One person commented, They [agency staff] know what I want them to do, always ask if everything is OK and do I want anything else before they go".

People using the agency made positive comments about the staff who visited them. We were told, "They're reliable and good carers" and "They always seem to know what to do when they come" and also "Much better service than the last agency I had, these are well presented and informed and don't need to be told over and over".

A relative told us, "They [agency staff] have done everything we have asked of them". Another relative said, "They [agency staff] always say just let us know if there is anything, they're open and seem interested, we are comfortable with that". We were also told that agency staff were "Very capable". People who used the service raised no concerns about how the agency was staffed and told us that they usually received support from care staff whom they knew.

We looked at training records and the training structure for the year. The training records were kept electronically on a system called 'people planner'. This system was used to record training when it was received by staff and then flagged up when refresher training or updates were required. Induction training was also recorded on this and the learning modules staff had to undertake.

We saw that staff had received training relevant to their roles and the needs of the people they supported. This included safe moving and handling, medication administration, safeguarding people, food hygiene, health and safety and mental capacity and best interest principles. Training was given to raise staff awareness and understanding of the needs of people living with mental health issues, those living with dementia and also people with a learning disability. Staff had received supervision from senior staff and had their practices checked. Supervision consisted of individual one to one sessions and group staff meetings. Staff we spoke with said that they felt they were supported by the care manager and the office staff.

We saw that people's care files included consent to receive various aspects of care and support, such as medication. We saw that care plans referenced the importance of offering people choices and involving people in decision-making. Where they could, people had signed and agreed their plans of care and we could see in some cases that people had been very clear about what they wanted from the agency. Families had also had input into care planning where appropriate.

We asked people who used the agency how they were supported with their meals. Most of the people we spoke with did not require high levels of support with eating or drinking. We saw that some people needed support with making their meals and what they wanted was written in their care plan. People who required

this support were supported at mealtimes to access food and drink of their choice. One person told us, "They do my meals, I decide what I would like, I am having something nice tonight before I settle down to watch telly". People we spoke with who used the agency told us that the staff checked they were comfortable and has access to their drinks and food before leaving.

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 people lack mental capacity to take particular decisions, any decision 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.

We checked whether the service was working within the principles of the Mental Capacity Act. People's rights were being promoted. Records indicated people were included in agreeing to the support they received and were being asked for the views about the service. The care manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and about the services responsibility to protect the rights of people who could not make important decisions about their lives. A relative told us, "We have discussed what happens when [relative] starts to go down, we have all been involved".

We noted that information was not always made available for staff in people's care plans about who had a power of attorney in place (PoA). A power of attorney is a legal instrument in which an individual appoints another person or persons to act on his or her behalf. Different types of PoA serve different purposes and delegate different types of authority. A power of attorney can be used to authorize another person to make medical decisions on someone's behalf or only to manage their finances. Information in people's files, accessed by staff, did not make it clear if a power of attorney was in place for someone or what type it was. This information helps staff to support a person's wishes and that their individual rights are properly upheld when decisions are made. We recommend that the registered manager take advice from a reputable source regarding making PoA clearer for staff to help make sure they knew which people had the legal authority to be involved in decisions on finances and/or care and treatment for someone else.

We observed that the premises used to run the agency had appropriate equipment and electronic systems to be effective and the premises were accessible. There was also training area that allowed the care manager and trainer's to organise a range of training for staff.

Is the service caring?

Our findings

People who used the agency we spoke with and their relatives were happy with the care being provided and told us that staff were caring. One person described the staff who supported them as "Brilliant, here every day and very helpful, they know what I want and really they could not be better". Another person told us, "Nothing seems too much trouble to them. If I rang up and said get me a loaf of bread on the way, they would".

One person told us, "I like the girls who come in, I'm happy to see them when they come in. They're polite, cheery and no one has ever been cheeky". Their relative told us, "Care and support have been very good and [relative] is very comfortable with them".

People told us their privacy and dignity were respected and promoted by the care staff. One person told us, "All my carers are good, they shower me three times a week and always take great care with my privacy". One person told us they told the office they would feel more comfortable with older care staff helping them with personal care and this was changed "straight away".

One person said, "I could not stay at home without their help, I want to be independent and stay at home so I do really appreciate the good help I get". Another person told us "Very good, they always make sure I can get to my hospital appointments and check I am doing OK, it all helps me keep going ". We saw that people's care plans had reference to encouraging people to maintain their independence and usual activities. People told us that the prompts staff gave to them to take medicines, or collect them and the help given to access hospitals and the community helped them to stay independent and to keep their health stable.

People told us that whilst most of the time they got support from consistent staff this was not always guaranteed. We were told, "I have more or less the same people, and I meet the new ones as well. They come with usual staff to learn and get shown everything. I think they said it's called shadowing". One relative told us, "They [agency] try to have consistency with [relative's] staff but I think that can be quite difficult".

We saw that care plans had been developed with people using the agency and their relatives. People we asked told us that they had "agreed at the outset" and discussed at the assessment what they wanted and expected from the agency. We saw that there was some information available about people's life histories, general interests, social activities and what was important to them.

We looked at cards and letters sent to the agency by people whose relatives had used it. There were positive comments about the support given at the end of life, for example, "I would like to thank you for the high quality of care you provided to [relative] at the end stage of their life. For the compassion and understanding and the support you gave to us all".

Is the service responsive?

Our findings

People who used the agency and their relatives told us that the service responded appropriately to any changes in their care needs and were flexible if they needed to make changes. People told us that they were asked about the support they needed and how they wanted their care to be provided. They said that they had a care plan that detailed the support they required and the choices they had made about their care. They made positive and complimentary comments about the service and about how support was provided to them.

All the people we spoke with and/or their relatives confirmed they had care plans in their home. They told us they knew what they contained about them and agreed the contents. We were told that staff kept them up to date. People told us "I have a plan, everything's in it" and "I have a booklet with what I want doing, they [agency staff] fill it in, what they've done and my dreams. It's all there". People had signed their files, where they were able to do so, to indicate that this was what they had agreed they would receive from the agency.

Comments made to us included, "I did complain once, I told the office I was not happy with the matter. It was looked into as soon as I said and they reimbursed me the time of the visit and apologised. Can't say fairer than that can you"? All the people and relatives we asked told us that they would feel comfortable raising a complaint or making a comment to the management and had confidence that it would be looked into. Other people told us they had not needed to make a complaint

The agency had a complaints procedure that was available to people who used the agency. Complaints or concerns raised with the manager or through staff had been logged and records of the investigations and correspondence had been kept. The actions taken in response were stated. There had been one recent complaint and this had been investigated and resolved with the person to their satisfaction and relevant action taken to help prevent a reoccurrence of the problem. It was the agency's policy to reimburse people for any time lost.

The registered provider and the care manager said they used complaints to learn from and improve the service and wanted people to feel they could raise any matter and be listened to. This indicated a service that was open about complaints and took action if people shared concerns with them.

We saw that the registered manager had carried out initial assessments with people and their family carers to help establish what support was needed and how people wanted this delivered. People and their relatives told us that care reviews took place to make sure care provided was still meeting their needs and records indicated they had taken place. A relative told us "When things have changed we have discussed them and any changes we wanted have been put into action".

There were systems in place to ensure staff could report any changes to people's care needs or preferences back to the office. People who used the agency confirmed that they were given contact details for the office and who to call out of hours if they needed to. A relative told us, "We can get in touch easily, by phone or email and get a quick response".

Is the service well-led?

Our findings

People who used the service and their relatives told us that they were "very satisfied" and "more than happy" with how the service was managed. We were told by one person "Previous agencies I have used had poor timekeeping and staff were not always well presented, these [agency staff] are well organised and informed and more important are reliable". More than one person we spoke with told us the service had been recommended to them by people they knew who had used the agency themselves and had in turn recommended it to others.

People who used the agency and their relatives told us that the office staff were "Pleasant" and "helpful" and "I can speak with them and they get back quickly". All we spoke with felt they could contact the care manager and the office staff and one said, "I feel am listened to and not treated like a nuisance". People and their relatives told us that the registered manager and office staff were "Easy to talk to" and "I do speak with them regularly".

The service did not have a registered manager in post at the time of the inspection as required by their registration with the Care Quality Commission (CQC). The agency has had a care manager in post since the last manager left over 12 months ago but they were not registered with CQC. They were now applying to begin the process of registering as the manager following a period of intensive management training and development for the role.

People we spoke with who used the agency and relatives commented positively on the management of the agency. We were told that the management of the agency was "very open" and that "I don't think they [agency] would try to hide anything. Relatives spoke well of the way the agency was being run by the care manager and office staff and one told us, "The care manager has been excellent, the whole team have been superb".

The registered provider and the care manager were clear about how they wanted the agency to develop in the future. To help achieve growth safely the registered provider was recruiting an additional member of staff to oversee recruitment and develop reward and recognition systems to retain and support staff. In this way, growth would happen only when there was sufficient qualified and suitable care staff in post. A person had been taken on to take up the role of community liaison to take information out into the community. In this way they hoped to promote working within the local community, charitable organisations and with local health professionals.

The service had policies and procedures in use to guide their practices and monitoring systems. These had all been subject to review in line with changes in legislation and good practice and spot checks helped make sure staff were following them. Staff told us they met regularly with the senior staff and registered manager for team meetings and supervisions and could "Speak to the manager anytime or call in the office". This allowed staff the chance to discuss practice issues or problems both formally and informally.

The care manager had systems in place to ask people using the service for their views and comments.

Satisfaction surveys were distributed and the results were collated so themes could be identified. They also had established systems to monitor or 'audit' the quality of the service being provided. These were carried out in relation to the agency's activities to check for consistency and to see if systems needed to be changed. Medication practices and records had been checked for accuracy. Staff training was monitored to make sure people were given the training and updates they needed when they were due. Staff told us they had received 'spot checks' from the registered manager and people who used the service confirmed this took place.

The agency had also used an independent quality monitoring organisation to carry out quality surveys with people who used the survey and staff who worked there. We looked at the findings for this year. This contained many positive comments about service provision, the high quality of staff and good communication. Where suggestions had been made the agency had looked to make changes to improve systems. Overall, there had been a 92% satisfaction rate from people using the agency.