

Cleveland Care at Home Limited

# Cleveland Care at Home Limited t/a Home Instead Senior Care

## 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

This inspection took place on 9, 10 and 11 March 2016. The inspection was announced which meant that we gave 48 hours' notice of our visit. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

The service was registered with the Care Quality Commission on 26 February 2015 and had not previously been inspected.

Cleveland Care at Home t/a Home Instead is a domiciliary care agency registered to provide personal care to people in their own home. At the time of our visit five people were receiving personal care.

The service had a registered manager in place. 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 told us they felt safe using the service. The same staff regularly attended calls which meant people knew who to expect, and staff were never sent to a call without being introduced first. Call times were adhered to and the service had no recorded missed calls.

There were systems and processes in place to protect people from the risk of harm. Individual risk assessments were in place and covered key risks specific to the person. They included things such as risk of falls and moving and handling. Older forms did not contain sufficient detail but new paperwork had been introduced and all plans were in the process of being updated.

Staff were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns without fear of recrimination.

Safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work.

The service had policies and procedures in place to ensure medicines were handled safely. Records were kept to show when medicines had been administered, however we found that a full audit trail was not always present.

Appropriate environmental checks had been done on people's homes to ensure the health and safety of staff and the people they cared for.

Staff received appropriate training and had the skills and knowledge to support the people they cared for.

New staff underwent a three and a half day induction and shadowed a more experienced colleague before undertaking calls alone.

Staff had a working knowledge of the principles of consent and the Mental Capacity Act and understood how this applied to supporting people in their own homes.

Staff received regular supervision and annual appraisals to monitor their performance.

People were supported to access external health services to ensure their general health and wellbeing. Some people were also given support to prepare meals to ensure they enjoyed a good diet and suitable level of nutrition.

Staff were knowledgeable about the people they provided care to and were respectful of people's privacy and dignity. People who used the service said that staff were caring and kind. People and their relatives spoke highly of the service and said that it provided high-quality care.

Care plans detailed people's individual needs and preferences which meant that they received support tailored to their personal needs. People and their relatives were involved in care planning.

The service had clear procedures for dealing with any complaints but had not received any complaints at the time of our inspection.

There were systems in place to monitor and improve the quality of the service provided and the registered manager audited paperwork and conducted spot checks on staff practice regularly.

Staff described a positive culture that focused on delivering high-quality care, and felt supported by senior management to deliver this. Staff were kept informed about the operation of the service and regularly attended staff meetings.

Relatives told us they received a good level of communication from the service. Feedback from people and staff was regularly sought and used to maintain and improve standards.

## 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.

People were kept safe from harm by staff who knew how to look for signs of abuse and report concerns accordingly.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Individual risk assessments were in place, and although some forms lacked detail we saw that more comprehensive documentation was in the process of being introduced.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the right skills and knowledge to care for them. Staff received the appropriate training and an ongoing training schedule was produced following our visit.

Staff received regular supervision and an annual appraisal.

People were supported to access healthcare and their nutritional and hydration needs were met.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who took an interest in the people they were supporting and delivered care in a friendly way.

Staff knew how to treat people with respect and dignity.

People were encouraged to be independent where possible and given the right level of support when they needed it.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and how they wished to be supported.

People had care plans in place that addressed their individual support needs in a person centred way.

The service had an up to date complaints procedure. People and their relatives knew how to make a complaint but had not felt the need to do so.

### Is the service well-led?

Good ●

The service was well led.

Staff spoke positively about the support and recognition they received from management. People who used the service and their relatives felt that communication was good.

Staff meetings were held regularly, were well attended and covered a range of relevant topics.

The registered manager carried out regular quality assurance and conducted extra spot checks if they found any areas of concern.

# Cleveland Care at Home Limited t/a Home Instead Senior Care

## **Detailed findings**

## Background to this inspection

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

This inspection took place on 9 March 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available. Further inspection activity took place on 10 and 11 March 2016 when telephone calls were made to people using the service and relatives.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service. Notifications are details of changes, events or incidents that the provider is legally obliged to send us within a specified timescale.

The provider was asked 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. The completed form was received by CQC on 10 December 2015.

Prior to the inspection we sent questionnaires to five people who used the service, five relatives and seven staff asking for their views. Two people, two relatives and four staff completed the questionnaire. During our inspection we spoke with the two directors of the service, the registered manager and four care workers.

Following the inspection visit we undertook phone calls to two people that used the service and three relatives of people that used the service.

We reviewed the care records of four people that used the service, the records for four staff and also records relating to the management of the service. We also looked at the medicine records of people who used the service.

# Is the service safe?

## Our findings

100% of the people and relatives who responded to our questionnaire told us they, or their relative, felt safe from abuse or harm. One family member commented, "My parents are totally comfortable with the service and I have the peace of mind that they are in very safe hands."

The service had an up to date safeguarding policy in place. Staff had all undergone induction training and safeguarding was one of the modules covered within this. Staff demonstrated knowledge of safeguarding procedures. They were able to describe types of abuse and the signs to look for. This meant that the service safely managed the risk of abuse of people.

One member of staff told us, "It's about making sure they're not being bullied, and they're safe from all harm." Staff knew the appropriate steps to take if they suspected someone was being abused or was at risk of harm and what to do if they felt the correct action was not taken by the registered provider. One staff member said, "I would contact social services or the CQC if I felt I wasn't being listened to but I know that won't be an issue here."

The service had a whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. The policy included all relevant contact numbers including police, social services and CQC as well as the office number. Staff we spoke with said they were told about the whistle blowing policy during their induction and would feel confident in reporting concerns without the fear of recrimination. One member of staff told us, "I feel confident enough in the people here that I could go to them with anything."

The service trained staff in fraud prevention and had produced a fraud prevention toolkit that helped people, their relatives and staff be vigilant against scammers targeting people by telephone, post or the internet. Since the introduction of the scheme one telephone scam had been intercepted and prevented.

Everyone who used the service had a full assessment of their needs carried out prior to the start of their care package. This included an environmental assessment of people's homes that checked areas such as accessibility, smoke alarms and utility isolation points. We saw that people had individual risk assessments within their care files. These included areas such as hearing, sight, nutrition and continence. On one of the files we looked at these forms contained very limited information and were a 'tick box' format. We saw that on other files the risk assessments were on different forms and contained a greater level of detail. The registered manager told us that the more detailed documents were the new risk assessments and that care files were in the process of being updated so that everyone had these in place. People's risk assessments were reviewed regularly and necessary changes implemented. This meant that the service monitored risks to people and took steps to minimise them.

The service monitored accidents and incidents to help keep people safe. Accident forms were completed if there was an incident involving people using the service or staff. This information was also fed in to a head office database. Although there had not been a high incidence of accidents or incidents there was an



effective monitoring system in place that would identify any trends or action needed and thereby keep people safe from the risk of accidents.

Care plans we reviewed contained lists of people's medicines and also information about the level of support that was needed with medicines. At the time of our inspection two people were being supported with their medication. Their medicines were supplied in a monitored dosage system that was used to support the safe administration of medicines in the home. However, we found that one medication administration record (MAR) chart was handwritten and the medicine name had been filled in but the dosage and frequency had not. The registered manager told us that these handwritten charts were being replaced by printed documents that did include all the necessary information and we saw copies of these that had already been prepared for use. We saw that there were a small number of gaps on the MAR charts and there was no written explanation or record for this. After checking the office records the registered manager was able to tell us that on the dates in question that person had been with their family and therefore the medicines had not been administered by staff. We discussed the importance of accurate recording with the registered manager who told us that a full audit trail would be maintained in the future.

Medicines training had been part of the new starter induction training and competencies were carried out on staff annually by the registered manager.

We looked at the recruitment records of four staff. Comprehensive pre-employment checks had been undertaken prior to staff starting work. New staff were interviewed and also took part in the first two days of induction training before it was decided whether they would be suitable for the job. Application forms were fully completed and where gaps in employment had been identified these had been fully investigated. There were six references on the files we looked at, including those from previous employers and there were health declarations, photographs and identification on file. Disclosure and Barring checks had been carried out for all staff and the disclosures had been received prior to staff starting work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

There were sufficient staff to cover all calls and more staff were being recruited in anticipation of an increase in delivery. Staff were happy that they had the time necessary to meet people's care needs during calls. The service never used bank staff or agency staff and there had not been any missed calls.

The service had an up to date business continuity plan in place that contained information on how to deal with emergency situations such as extreme cold weather, no access to office, flooding and power failure. This meant that people would receive appropriate support in emergency situations.

Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves and they were able to collect stocks of these from the office at any time.

# Is the service effective?

## Our findings

Induction training took place over three to four days and included videos, discussion, practical work and assessments. This training covered the registered provider's policies and procedures and all aspects of care including an overview of the Mental Capacity Act, safeguarding, health and safety, moving and handling and medication. The registered manager told us that the induction now includes completion of the Care Certificate and all existing staff who did not have opportunity to complete this during induction will also work towards this. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

One member of staff told us, "The training was quite comprehensive, you were told what was expected of you. It covered all aspects of personal care which was something I'd never done before." Another member of staff told us, "Training felt a bit rushed, it was a lot to get through in three days."

At the time of our inspection an ongoing training timetable was being produced. This was emailed to us just after our visit. This showed that moving and handling, medication and infection control training had been scheduled for all staff, as had basic life support training. Refresher training on the induction module that covers safeguarding and mental capacity act had also been scheduled. Staff told us they received specialist training linked to the specific needs of the people receiving support but this was not recorded on the training matrix. The service had recently begun to use the 'Grey Matters' online training package and all staff had been given login information to enable them to access this. Informal learning updates also took place at staff meetings and covered topics such as dementia. This meant that staff received the training they needed to support people effectively.

Staff received regular supervision, at least four meetings a year, and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. These meetings had a set agenda to ensure that staff are kept up to date and reminded of their responsibilities in areas such as safeguarding and training needs as well as being given individual support. We saw records from supervision meetings. The first supervision session took place six weeks after staff started and also whenever they started supporting a new person. Spot checks were also undertaken by the registered manager to monitor the standard of care being delivered and the competence of staff. This was done by making observations in people's homes. One member of staff told us, "The supervisions are a good chance to talk about things that have arisen and put any queries forward if I'm unsure about anything."

The service had an open door policy and offered support to staff outside of supervision sessions. One member of staff told us, "You can come to them at any time. From the minute I came they have been approachable and most of all they listen to what I have to say." This meant that the service had procedures in place to monitor and support staff performance.

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. We checked whether the service was working within the principles of the MCA. All staff had received an overview of MCA as part of their induction and staff demonstrated some understanding of the basic principles of the Act. One staff member told us, "MCA is about making the right decisions, there's lots of information online so I've read up about it." Another member of staff said, "I know to contact the service if anyone starts making decisions that are out of character. I know it's important to both report and record it."

Staff told us how they asked people for consent before delivering care. One staff member told us, "I always ask before I do anything." Another staff member said, "I always get verbal consent before I deliver any care."

We saw evidence of consent in people's care files. Consent documents were signed by the person using the service, for example we saw a record to show that one person had been asked for their consent to have information passed to the falls team. Where people had an enduring power of attorney in place this was clearly recorded on their care file, including whether this was for finances or health and welfare. On one file we saw that the person named on the enduring power of attorney for health and welfare had signed the consent to care. This showed that the correct procedures were being followed in respect of obtaining and recording consent.

People were supported to maintain good health and to access health professionals when needed. One relative told us, "They will pre-empt things, if they see a problem. They suggested that a urine sample be taken for [family member] when they were not so well." A member of staff described how they look for changes in a person's urine that may indicate the first signs of an infection. They told us, "If you can catch it early it stops them having to go into hospital."

Where a need had been identified people were supported to maintain a balanced diet. Staff helped by preparing meals, snacks and drinks. One member of staff told us, "I provide breakfast. If they missed their breakfast and I thought they weren't eating I would inform the office."

Daily notes were made by staff during calls and these sheets were kept in people's homes. This provided a good means of communication between the staff providing care to a person and an effective record of care delivered during visits. These were regularly checked by the registered manager.

Relatives reported being happy with the information they received from the service and the standard of communication generally. One relative told us, "I'm able to see from the daily log the care Mum has received. I was away recently and emailed a few times to check how things were, they responded very quickly. Communication has been really good."

# Is the service caring?

## Our findings

A relative who responded to our questionnaire said, "I find this service totally amazing and I cannot praise the company or [staff member] enough. They are caring, reliable, on time and a breath of fresh air."

Relatives we spoke with also told us they were happy with the care their family members received. One relative told us, "The main carer [person using the service] has is wonderful and has established a good routine which has vastly improved [person using the service] quality of life." Another relative said, "[person using the service] is so happy, to the point that she sees them as friends who care for her."

Staff spoke very positively about their work. One staff member told us, "I'd be happy to take Home Instead on for a relative and it's really good to be able to say that. I'd recommend them without hesitation." Another told us, "I absolutely love it, they care so much about the people using the service."

We were told that an introduction visit takes place prior to any care calls to see how the person and the carer get on. Wherever possible the person will regularly be visited by the same carer, or carers where two to one care is required. The registered provider told us that they feel it is important that the person is able to build a positive relationship with their carer. People we spoke with confirmed that this was the case. One person told us, "[member of staff] has rescued me, she's wonderful." Another person told us, "[staff member] is really first class, a most thoughtful and kind person."

People using the service received birthday cards and flowers on special birthdays delivered personally by a director or registered manager. At Christmas time, all clients received personally signed cards and a present delivered by their care staff.

Staff we spoke with knew the people they cared for well and gave evidence of how they supported people with privacy, dignity and confidentiality in mind. One staff member told us, "I always keep their bottom half covered whilst I help them wash their top. I make sure they're never 'on show' and I chat to them about other things so they don't feel embarrassed." Another member of staff told us, "First and foremost I ask how people would like things doing. One person has a cleaner who could just let themselves in at any time so it's important to make sure that the bedroom door is closed." Relatives also told us that staff were respectful of their family member's dignity. One person we spoke with told us, "They always treat [family member] with dignity, absolutely."

Staff told us that the service provided a high standard of care. One staff member told us, "The ethos of Home Instead is something I strongly identify with. In my former employment the emphasis was very much on the individual and their needs/desires being at the centre of everything we did. Home Instead have the same value base which is why I chose to work for them." Another staff member said, "I think the service provides excellent quality care to its clients and they are constantly checking both clients and staff are happy with the way things are going."

The registered provider did not deliver any calls that are less than one hour long. They told us that this was

to ensure that staff had sufficient time to provide social and emotional support as well as the practical support that was needed. A member of staff told us, "Because the calls are no less than an hour you get chance to talk to people."

Staff told us that they would promote people's independence wherever possible. One member of staff said "I will support [person using the service] but the longer she can keep her independence it improves her state of mind. Sometimes all she needs is encouragement." Another member of staff said "I let [person using the service] do what she can, she asks if she needs help."

None of the people using the service had, or needed an advocate at the time of our visit but there was information on local advocacy services included in the 'Client Journal' that stayed in the person's home. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

None of the people using the service were on an end of life pathway at the time of our inspection.

## Is the service responsive?

### Our findings

People received a full person centred assessment prior to the production of their care plan. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. This involved the registered manager or director visiting the person and gathering information about their life history, family, hobbies and interests as well as the day to day support they needed with their care. The registered provider told us that this ensured that very person centred care plans could be produced and staff could be matched to the person based on the information they had been given. A relative we spoke with told us, "I was impressed by the initial assessment. They really tried to get the right person to care for [family member], I thought that was really impressive."

Care plans we looked at were easy to follow and very detailed without being over long. They were split into six areas: client profile, daily routine, activities, dietary requirements, mobility and health and medication. The support required was identified and information about how this support was to be delivered clearly documented. A next day call, usually by telephone, was made to people after the first care visit, or after a new staff member has attended a call. Regular reviews were then undertaken at two weeks, six weeks, three months and every three months thereafter. Following these reviews a full reassessment of care needs was undertaken if any changes have been identified.

People were involved in the planning and review of their care. One relative told us, "[family member] is involved, she was part of the initial process." Another relative said, "[family member] is always present at the reviews and involved in all decisions."

Staff told us that they found the care plans easy to follow. One member of staff told us, "If you are ever stuck and can't get an answer from [person using the service] then the care plans are really comprehensive." Another member of staff said, "The care plans are really detailed in the way they tell you about the person when they were younger, you really get the full picture."

Staff told us how they offered choice and personalised care. One member of staff said, "I always give them a choice of food when I'm preparing a meal and we spend quite a bit of time getting [person using the service]'s clothes out. They always choose what they would like to wear." We saw within care plans and daily records that staff were going out of their way to provide care that was tailored to the individual. One member of staff had taken information about the RSPB to a person who had expressed an interest in wildlife and had also found information and photographs from the internet that was linked to a person's past employment. This meant that people were supported in a way that reflected their individual interests and preferences.

The service had a complaints procedure in place and a copy of this was given to all people when they began using the service. In the past 12 months the service had not received any complaints. A member of staff said, "Nobody has complained but people all know how to make a complaint, they have all the telephone numbers."

The people we asked told us they knew how to make a complaint if they needed to. One person said, "If I had any complaints I would've telephoned the office by now but there has been no reason to and if anyone complained I would jump to their defence immediately." One family member told us, "I'm not sure [person using the service] would know how to make a complaint herself but would contact a family member. The problems that have been identified by family members have been dealt with quickly and efficiently." Another relative told us, "I have never had any complaints or concerns."

We saw that several compliments had been received. One letter stated, "The support from Home Instead has been amazing, your staff have been exceptional in all regards."

## Is the service well-led?

### Our findings

Staff spoke highly about their experience of the service as an employer. One staff member told us, "As a staff member this is one of the first employers I have worked for where I feel like my opinion is respected and valued. I have always felt like I could be honest and approach management with any queries or concerns." Another staff member said, "They really treat the staff well. You feel valued and they try to make sure you have a balanced work and home life."

Staff we spoke with all felt that the service provided them with a good level of support. One staff member told us, "I can't find fault with the service. I'm welcomed every time I come in and I'm never made to feel like my concerns are petty, they are happy to deal with anything." Another member of staff said, "I absolutely love it, they care so much about [people who use the service] and any problems you have are dealt with."

Staff were encouraged by the registered provider to come in to the office on a Monday to bring in time sheets and pick up any paperwork they need. This was seen by the registered manager as a good opportunity to maintain regular face to face contact with staff. Staff we spoke to felt that this was a positive arrangement. One member of staff told us, "I get to see them every Monday so if I have any issues I can talk to them then."

The registered manager conducted spot checks on staff, observing care being delivered and speaking with people to ensure they were satisfied with the service. Staff confirmed that these checks took place. One staff member said, "They come out and do checks every three or four months to see what's going on." Daily logs were audited when they were brought back to the office and if the registered manager felt that there was not enough detail in the log or identified something that gave potential cause for concern then they would do more spot checks of that person's calls. The registered manager also carried out a number of other reviews to monitor and improve the quality of the service. This included reviews of care plans and MAR charts. Where an issue was identified a plan was put in place to address it.

The registered manager was supported with the day to day management of the service by the owners who were also directors of the service. The service was also supported by the national office of Home Instead. We were told that the national office provide a very good level of support. The registered manager said, "They give very good support with everything from care advice to accounts. Even for minor things you can ring them, they never make you feel stupid they just help you." One of the directors confirmed this and stated that they have a 'sundown' policy at the national office which meant that all queries were dealt with on the same working day.

The service had external links with 'Think Jessica' a charity who aim to prevent scams and fraud being perpetrated amongst elderly people. We were also given details of a recent collaboration with the service and Cleveland Police that was aimed at raising awareness of potential scams and fraud within the local community. The Directors of the service had promoted this project across the area by via media such as local radio and further community networking events were planned.



Staff meetings took place every two months. These were held twice in the same week at different times of day in order to give as many staff as possible opportunity to attend. Minutes from meetings showed that they were used as a forum to share information on people who used the service, training, and any other issues that staff wanted to discuss. This meant that staff felt supported by the service and confident to give feedback to maintain or improve care standards.

Staff felt that they were kept informed of any changes or developments within the service. One member of staff told us, "They always inform us what's happening, we recently got updates from a conference they had attended. It's like a little family."

An annual survey was undertaken for people who use the service and staff to complete. We were shown the results of the 2015 survey which showed a very high level of satisfaction across the board.