

Manchester & Stockport Senior Care Services Limited

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



Overall summary

This was an announced inspection which took place on 4/5 August 2015. The inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit. We made telephone calls to speak with three people using the service and their relatives on 5 August 2015.

The service was previously inspected on 16 February 2013, when no breaches of legal requirements were found.

Home Instead Senior Care (Stockport) that is registered with the Care Quality Commission to provide personal care to people living in their own home. The service is a management franchise that specialises in non-medical care for older people in their own homes. At the time of our inspection there were 46 people using the service.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 their relatives were very complimentary and positive about the attitude and support of the staff. Staff spoken with told us that a variety of appropriate training was made available and all new staff had completed or were in the process of completing a comprehensive induction to the service. This induction was part of the Home Instead Senior Care Organisation induction pack which helped to ensure the care provided was safe and responsive to meet peoples identified needs.

A senior caregiver spoken with confirmed they had received safeguarding and whistle blowing training and knew who to report to if they suspected or witnessed abuse or poor practice. Individual staff training records indicated that all caregivers had received such training.

Staff we spoke with confirmed they received regular one to one supervision which helped them to carry out their roles effectively.

People using the service told us that the caregivers treated them in a sensitive manner, with respect and they tried to make sure that the person's independence was maintained wherever possible.

The provider had systems in place to monitor the quality of the service such as a client and caregiver ratio system, key performance indicators (KPI's) business targets and goals and caregiver support visits (spot checks) to check if people were happy and satisfied with the service they were receiving.

The provider also encouraged feedback from people using the service and their families in the form of complaints, comments, compliments, face to face meetings with the manager, care plan reviews and an annual service user satisfaction survey.

People spoken with knew how to make a complaint and felt confident to approach any member of the staff team if they required. Feedback received was used to make improvements to the service.

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?

The service was safe.

Staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work. These checks help to make sure staff employed by the agency were safe to work with vulnerable adults.

Caregivers were appropriately trained. People who used the service and their relatives spoken with felt they were kept safe and free from potential harm.

Good



Is the service effective?

The service was effective.

All staff had the knowledge and skills to support people who used the service because regular and appropriate training and supervision meant they could update their skills.

The registered manager and staff had an awareness of the Mental Capacity Act (MCA) 2005.

Good



Is the service caring?

The service was caring.

People using the service spoke positively and enthusiastically when asked about the attitude and support from the care givers.

All the people we spoke with told us that they felt included in all aspects of the care provided to them and were aware they had a care plan which was reviewed regularly or whenever necessary.

Good



Is the service responsive?

The service was responsive.

People who used the service told us that they were involved in their needs assessment and care planning process.

A complaints procedure was in place and people who used the service told us that they were confident if they had to raise a concern or complaint it would be dealt with efficiently and appropriately.

Good



Is the service well-led?

The service was well-led

The provider conducted annual satisfaction surveys of people using the service and their relatives. Returned surveys were analysed by the provider to find out if people had a positive experience of the service.

There were robust systems in place that were used to gather, record and evaluate information about the quality and safety of the care, treatment and support the service provided, and its outcomes.

Good



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. The service met all of the regulations we inspected against at our last inspection on 26 February 2013.

This inspection took place on the 4/5 August 2015 and was announced. The inspection was carried out by one inspector. We contacted the provider two working days before our visit and advised them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered manager and relevant staff would be available to answer our questions during the inspection process.

On this occasion we did not ask the provider to complete a provider information return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Before we visited the service we reviewed information that we held about the service and the service provider including information provided by the local commissioning group. No concerns had been raised about the service from this group.

During our inspection we spoke with the registered manager and provider. We spoke with three office workers, three caregivers (care workers) we spoke face to face with two people who used the service, and three relatives. We also contacted three people who used the service by telephone after our visit to the office.

We looked at a small sample of records which included the care records that belonged to four people who used the service, five employee personnel files, individual staff training records, a sample of quality monitoring records and records relating to how the service was managed.

Is the service safe?

Our findings

People spoken with told us they felt in “safe hands” and were very satisfied with the care they received. Three relatives spoken with told us they were involved in their relative’s risk assessment and care planning process and felt confident the systems in place helped to make sure their relatives were safe. One relative said, ‘If there are any risk concerns, the manager calls me straight away and involves me in any decisions. They all know what they’re doing. I have seen nothing unsafe or anything that worries me’.

There was an effective recruitment and selection procedure in place. We looked at five caregiver recruitment files and found that all of the caregivers had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and up to six reference. Such checks help the registered manager and provider to make informed decisions about a person’s suitability to be employed in any role working with vulnerable people. Three new caregivers spoken with told us that they were currently on their employment induction and understood the importance of undertaking a thorough induction prior to working unsupervised with people. We looked at their induction learning records which showed they were undertaking some initial training which focused on, how the body works, the aging process, keeping people safe and maintaining a safe environment.

We spoke with a senior caregiver who confirmed they had received safeguarding and whistleblowing training and individual staff training records indicated that all caregivers had received such training. The caregiver told us they felt the service they provided was safe because they were aware of their responsibility to people’s safety, through the use of effective systems in place and they would not hesitate to use the systems if they thought somebody was at risk of abuse. They told us the systems in place and training received helped make sure any risks to people were reported to the registered manager and where necessary would be forwarded to the appropriate authorities immediately.

Office staff maintained they had confidence in the caregiver’s abilities to make sure people using the service were safe due to a comprehensive induction package and ongoing training. The registered manager said, ‘the

management team would respond appropriately and in a timely manner to any concerns that may be raised. We make sure that a complainant is treated with respect and we take every complaint seriously to make sure we resolve any issues satisfactorily’. The provider’s management team included a service manager, a business networker and the provider owners.

We looked at records that showed the provider had effective procedures that helped to ensure any concerns about a person’s safety were appropriately reported. There was a safeguarding procedure in place which was in line with the local authority ‘safeguarding adults at risk multi agency policy’. A caregiver spoken with was able to explain how they would recognise and report abuse and the need to be vigilant about the possibility of poor practice by their colleagues. They also shared their understanding of the services whistleblowing policy and would contact the manager to inform them about any risk concerns. We looked at records to demonstrate caregivers had followed the correct procedure and reported concerns to the manager who then reported these concerns to the appropriate professionals.

We looked at a three generic risk assessments in place for areas such as using equipment hoists and wheelchairs safely in a person’s home. Individual risks to people’s safety were appropriately assessed, managed and reviewed. We looked at the care records for four people and each record contained clearly written, up-to-date risk assessments which reflected how their identified risks would be managed and reviewed. Discussions with a caregiver showed they understood and were knowledgeable about the details in people’s care plans and how to keep people safe.

Records of accidents and incidents held in the office were clear up to date. The manager said that appropriate authorities, including the CQC, had been notified of events when necessary.

The service had a medicine’s policy and procedure that was followed, monitored and reviewed. We looked at the medicine records for two people and found the records completed were up to date. We asked one person and a relative by telephone if medicines were administered on time and they confirmed they were. Other people when asked told us they were assisted with their medicines by a family member or managed themselves.

Is the service safe?

The registered manager told us that people requiring support with their medicines had a Medication Administration Record (MAR) in their care files. Each medicine was listed separately and caregivers signed to confirm if medicines had been administered. We saw that the same information was also recorded in the daily log to inform other caregivers that medicines had been administered according to the person's care plan.

Information in the caregiver files and learning and development record showed that all caregivers received medication administration training of which the registered manager carried out regular competency checks to make sure that caregivers remained proficient in handling and administering medicines. A caregiver spoken with confirmed they had received appropriate training in medicines awareness and administration.

Is the service effective?

Our findings

Relatives spoken with told us they felt the caregivers were very skilled and knowledgeable and knew what to do to meet people's needs. One person said, "The caregivers are very nice, really good and they know what they're doing". Another person said, "I can't have better. They are well trained" and "There is always someone in the office who is available to listen and help." A person using the service said, "thrilled to bits with what they do for me; wouldn't change them".

We spoke with the provider and the registered manager about the availability of staff training and asked how caregivers could access training. We saw that each caregiver and other staff members had an individual training record on their personnel file and these records showed that staff had completed a range of appropriate core training such as dementia awareness, moving and handling, medication awareness and infection control.

New employees received a staff handbook which contained the relevant information to support and guide the person through their initial induction period to the service. Staff we spoke with told us there was always enough appropriate training available to them. New caregivers spoken with were undertaking their induction at the time of our inspection. They told us that their induction was 'thorough' and included subjects such as the Mental Capacity Act 2005, dementia awareness, how the body works and keeping people safe. We saw that new caregivers were supported by the training officer to help ensure they developed the right skills and knowledge to carry out their work.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and staff training records indicated that all

staff had completed MCA training as part of their induction process. The MCA protects the human rights of people who may lack capacity to make decisions for themselves. Care plans confirmed if the person using the service had the capacity to make decisions for themselves

We saw that consent documentation had been signed by the person using the service. The registered manager told us that caregivers would only carry out tasks according to the individually agreed care plan and where the person using the service was happy for them to do so. If any concerns arose around refusal to consent then the member of staff said they would contact the office and speak with a member of the management team to discuss what further action may be needed.

We reviewed the information contained in five staff personnel files and found that each contained records of regular one to one supervision sessions and were due to receive an annual appraisal. Staff we spoke with confirmed they received regular one to one supervision and could contact the manager or one of the care coordinators if they needed to discuss anything at any other time.

The registered manager told us that care needs reviews were held regularly to make sure the person using the service was happy with the support being delivered, and where necessary any concerns about the person's health and wellbeing would be reported to the appropriate health care professionals. We examined two care records that showed where any changes in care needs such as mobility, maintaining a balanced diet, nutritional requirements and receiving ongoing healthcare and support had been recorded the care plan was amended to reflect the changes.

Is the service caring?

Our findings

People who used the service, who we asked told us that they were very happy with the way in which the caregivers cared for them. People spoken with said, “they’re like friends”, “I like them very much”, “they don’t send anyone I don’t like”, “they take me out and I’m very fond of them” and “I’d be stuck without them”, “the caregivers are kind and lovely; I’m thrilled to bits with all they do for me”, “all of them [caregivers] respect us and listen to him [service user]; we get three calls a day and they cover if some of the caregivers are on holiday. I’d be stuck otherwise, “they are extremely good; I think they’re the best I can find and it’s working well”.

The registered manager told us that caregivers were recruited especially because they had caring qualities such as empathy, understanding, warmth and compassion. They told in that most cases people using the service were introduced to their own caregiver and every attempt was made to make sure that caregivers were matched with the person before any care, companionship and support was provided. This meant that people using the service were given the opportunity to develop a sound professional working relationship based on age, gender, disability, race friendship, trust, background, culture and interests.

All of the people we spoke with said they felt included in all aspects of the care provided to them and were aware they had a care plan which was reviewed regularly. People were also clear and understood about the matching system in place and felt happy because it provided consistency in

their care and support. A senior caregiver told us they preferred working with the same people because it helped to maintain consistency when visiting the same people on a regular basis.

When asked what the term person centred care meant to them a caregiver told us that they would follow all care instructions noted in the person’s care plan to make sure the person’s needs were met as agreed. They also told us they always treated people with dignity and respect which in turn enabled the person to maintain their independence in areas such as mobility and personal care wherever possible.

When we spoke with the registered manager they told us that the caregivers had received appropriate training and guidance to make sure that people using the service would be well cared for and considered a priority [always put first] at all times. We saw evidence in the form of training certificates in the caregiver training records to confirm this. They told us that it was important the caregivers and office staff treated people who use the service as individuals with the right to expect their privacy and dignity to be maintained without compromising the care and support that had been agreed.

The manager told us, “All new caregivers and other employees received a full induction when they started work at the service. This was followed by senior caregivers carrying out regular support visits (spot checks) and supervision to help make sure that the service was being delivered in an appropriate and caring manner.” Evidence seen on staff personnel files confirmed this.

Is the service responsive?

Our findings

People who used the service told us they were confident that if they had to raise a concern or complaint they could tell any of the staff and it would be dealt with 'immediately and satisfactorily'. Comments from the people we spoke with included, "thrilled to bits with everything they do for me", "all of them [caregivers] respect us and listen to him",

We saw there was a written complaints procedure and people using the service had been provided with a copy of this which was included in the service guide. Details included how to make a complaint, timescales for a response and investigation into a complaint and contact details for other relevant agencies such as the Local Authority Quality Assurance Officer and the Local Government Ombudsman. People spoken with confirmed they had a copy of the service user guide in their home and we noted that this document had been provided when we visited people in their own home

We looked at the records of complaints that had been received by the service. Both the registered manager and provider confirmed that any complaints or concerns raised were taken seriously and would be dealt with appropriately and in a timely manner. We saw that one complaint had been made formally to the provider in the last 12 months. The complaint had been managed appropriately by the provider and to the satisfaction of the complainant.

We looked at four care files which included information relating to people's individual assessment of needs and their personal care plans. Each plan was up to date and provided evidence that the details in the care plans had been reviewed regularly. We saw information in care files where staff had reported to the office a change(s) in a

person's support needs and following this, arrangements to reassess the person's needs were in place. When there is a change in a person's needs it is important to make sure that regular care reviews and needs assessments are carried to make sure that the person continues to receive care and support that reflects their current care needs.

The registered manager told us that the service always undertook a robust needs assessment of the individual before agreeing to deliver a package of care. We saw evidence of these assessments on the four care files we looked at. We saw evidence to demonstrate that the person who used the service or their relative or representative (who had a lasting power of attorney LPA) had signed to agree with the details recorded in the initial care need assessment and care plan. The manager and a caregiver spoken with, confirmed that each person received a needs assessment before any visits took place and that care plans were available in people's homes for them to refer to if necessary.

The purpose of a LPA is to meet the needs of those who can see a time ahead when they will not be able to (lack capacity) to look after their own personal and financial affairs. The LPA allows them to make appropriate arrangements for family members or trusted friends to be authorised to make decisions on their behalf.

We examined daily communication records seen on people's care files. These showed that staff reported back to a senior member of the staff team or a senior caregiver if they found a person they were visiting to be unwell. These records also indicated that staff had communicated with relevant health care professionals such as a general practitioner (GP) if they felt it was necessary.

Is the service well-led?

Our findings

A registered manager was in place. The manager was registered with the CQC in September 2014. Both the registered manager and the provider clearly understood their roles and responsibilities to the people who used the service. The manager was supported by a management team which included a service manager, a business networker and the provider owners. At the time of our visit to the service, 69 caregivers were supporting 46 people.

The provider had a clear vision and set of values about the direction of the organisation. The Vision statement formed part of the services mission statement which included their creating the conditions for everyone to build confidence and live healthy and fulfilling lives. The organisations core values endeavoured to recognise everyone is different, to communicate in an appropriate and timely manner, understanding people's needs, being open and transparent whilst treating everyone with dignity and respect.

The provider had appropriate and effective systems in place to monitor and review the service being provided. The auditing and monitoring systems in place helped to check that people using the service were happy and satisfied with the service they received. These included support visits which were conducted whilst a service was being delivered in a person's home as well as telephone contact and regular care reviews with people using the service.

We saw evidence that the provider conducted annual satisfaction surveys for people using the service and their relatives. Returned surveys were analysed by the provider to determine if people had a positive experience of the service. If this was not so, the provider was active in ensuring the management team, addressed, managed and rectified any concerns using the systems in place.

The service had achieved recognition for good practice from the Stockport NHS Foundation Trust. Alongside this, the provider attended stakeholder meetings, local community and wider information sharing sessions, engaged in joint and collaborative work with professional

agencies, the local authority and commissioning teams. This helped to make sure that any planned service delivery would be targeted and focused to meet the specific needs of people who used the service.

We saw that an electronic system was used to monitor staff's arrival and departure from people's homes. This system 'flagged up' if a person did not receive a scheduled visit or their visit was outside agreed timescales allowing management staff to take immediate action to rectify the situation should it arise.

We saw evidence that management meetings were held weekly and wider team meetings had taken place on a monthly basis. A morning meeting (huddle) held daily provided the office workers and management team with an opportunity to discuss the work schedule planned for that day. We observed the huddle meeting and noted that staff were enabled to share, advise and update on their plans and routines and also their achievements from the previous day.

A senior caregiver when asked said the management team were very supportive. They said, "It's a friendly team and the managers are approachable. I enjoy working here because calls are not shortened and I can spend the proper amount of time with people and get to know them".

We examined records which showed the service had promoted dementia awareness amongst the local community. Through initiatives such as, the 'forget me not' dementia awareness group which was set up by the service to support people with caring responsibilities for people with Alzheimer's or other types of dementia, the group lead had delivered information on topics such as helping families, managing behaviour and encouraging engagement.

A recent theatre production about dementia, visits with people to an animal sanctuary, donating special dominoes for the visually impaired and providing day trips for people to go to the seaside and other places of interest, helped to make sure that the service delivered against their promise which is to put their clients and caregivers at the heart of everything they do.