

Mbekir Limited

Home Instead Senior Care

Inspection report

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30 June 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a domiciliary care service providing personal care to 46 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was supporting 20 people with these activities.

People's experience of using this service and what we found

People and their relatives told us that the service was safe. Staff attended calls on time and people told us that they stayed for the correct amount of time. One person told us, "They are absolutely good on time, never missed coming at all and never leave early." Staff were trained to give medicines and staff told us they were confident giving people medicines. Staff were aware of how to identify and report safeguarding concerns. Staff followed infection control procedures and told us they had access to appropriate levels of personal protective equipment (PPE). Staff were able to tell us about the risks to people and knew how to support people to minimise the risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible in their best interest; the policies and systems in the service supported this practice. People were involved in their care planning. Staff told us that they received training and felt supported in their role. One staff member said, "The company are really good and really supportive." Staff supported people to live healthier lives.

The service was caring. People told us that the staff treated them with kindness and respect. One person said, "Very pleased with them. My carers are cautious, caring and so friendly and always listen to me. I would not change them." Staff were aware of how to protect people's privacy and dignity and people told us that the staff did this well. People felt supported to make decisions about their daily lives.

People told us they knew how to complain and there was a policy and procedure in place. We saw that this was followed. Staff had received training in end of life care. Staff supported people to go out shopping and attend appointments when they needed to. Staff were aware of people's communication needs and how best to support them. People told us the service is flexible and responsive to their needs. One person said, "I am lucky enough and reduced my number of calls as got better and didn't need as many."

People told us the service was well managed. Staff told us they received staff newsletters and information was shared with them. There was a positive staff culture. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (13 July 2019) we found breaches at the last inspection in regulation 9 (person centred care) and regulation 17 (good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was to ensure that all the relevant documentation could be accessed before the office visit.

Inspection activity started on 28 June 2021 and ended on 30 June 2021. We visited the office location on 30 June 2021.

What we did before inspection

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

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we recommended the provider completed checks on care files to ensure relevant risk assessments were in place to reduce the possibility of harm. The provider had made improvements.

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falling and nutritional needs. However, we found inconsistencies in two people's care plans. We discussed this with the registered manager who agreed with our findings. In response, the registered manager acted to review the care plans. Staff explained they were aware of the different risks people were vulnerable to which reduced the risk of harm.

Staffing and recruitment

At the last inspection we recommended the provider considered prospective employees' work history and recorded any additional checks in full, before deciding about offering employment. The provider had made improvements.

- Recruitment was safe. Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them.
- Comments from people about staffing were positive, people felt staff had adequate time to spend on visits. People did not feel rushed and were usually asked if they needed anything else before the staff left.

Using medicines safely

At the last inspection we recommended the provider developed medicines audits to provide a more structured and robust audit trail. The provider had made improvements.

- Medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- People spoken with said their medicines were well managed. Management completed checks and identified and acted on areas for improvements.

Systems and processes to safeguard people from the risk of abuse

- The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to demonstrate their knowledge. People told us they felt safe with the staff.
- Management and staff understood how to safeguard people and were clear about when to report incidents and safeguarding concerns to other agencies. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection.
- Staff had access to PPE, and they had received training on infection control.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Managers and staff were aware of and fulfilled their responsibility to report and record accidents and incidents. Where lessons had been learned these were shared throughout the staff team.

Is the service effective?

Our findings

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we recommended the provider developed a robust system for assessing people's needs. The provider had made improvements.

- People received safe and effective care which met their needs. The registered manager completed initial assessments and devised care plans. Staff used these to guide them on how best to support people.
- The provider had policies and procedures for staff to follow which reflected relevant local and national legislation, guidance and CQC regulations.
- People's rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider ensured a consistent approach to the appraisal system. The provider had made improvements.

- Staff had the skills and knowledge to carry out their role effectively. New staff were given an induction programme to ensure they could carry out their role safely and competently. One staff member told us, "Induction was great, it prepared me for the role, it was over a two-week period. I was able to ask for more support and time when needed."
- People spoke positively about the care staff who supported them and felt staff had the skills to meet their needs.
- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from the registered manager.

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

At our last inspection we recommended the provider recorded specific nutritional needs to allow staff to support people in this area. The provider had made improvements.

- People's needs for nutrition and fluids had been considered. Records documented people's likes and dislikes and identified any associated risks with eating and drinking.
- People we spoke with said they were given choices on what meals and drinks they wanted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff provided appropriate support to meet people's healthcare needs. People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- Staff worked closely with social and healthcare professionals as well as other organisations to ensure people received a coordinated service.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the provider conduct mental capacity assessments as appropriate to establish if people need support to make decisions in their best interests. The provider had made improvements.

- People were asked to consent to their care.
- We spoke to staff about their understanding of the MCA and were assured by their knowledge.
- Staff we spoke with were passionate about promoting independence, choice and control for their clients.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness. People were complimentary about the attitude and kindness of staff. One person told us, "Best I have had. Do anything for me, listen and cannot do enough for me. The best" and, "Very happy with them. They all show a genuine interest, very caring indeed."
- Staff and people using the service had developed good relationships. Staff knew about people's preferences and how best to support them.

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, monthly review meetings and customer surveys.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence.
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities.
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure care records were person-centred and always accurately reflected people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care, which met their current and changing needs. We saw care records were written in a person-centred way and done in partnership with people. One person told us, "My support plan is all in a book here, I do it with them and it is all up to date." Care records were regularly reviewed.
- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.
- People were supported to maintain contact with their friends and family. Information about people's hobbies and interests was included in their care plan.

Meeting people's communication needs

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

- The registered manager and staff understood about the AIS. Staff told us how they communicated and engaged with people, using ways best suited to their individual needs and preferences.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy was available and information about how to make a complaint was included in the service user guide. People told us they felt able to raise any concerns with staff or management.
- People were encouraged to discuss any concerns during meetings and during day to day discussions.
- The registered manager confirmed, and we saw that any concerns or complaints were taken seriously,

explored and responded to.

End of life care and support

At our last inspection we recommended the provider accessed end of life training for staff. The provider had made improvements.

- The provider had processes to provide people with effective end of life care. The nominated individual had completed a train the trainer course to ensure this training could be delivered as required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems had been introduced which effectively assessed, monitored and improved the quality of service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place which continuously assessed and monitored the quality of the service. The audits completed had highlighted areas for improvement and action plans had been devised. Staff meetings and supervision sessions were used to ensure continuous learning and improvements took place.
- There was a clear vision and plan to deliver high quality care and support at the service. Staff were aware and involved in this vision and the values shared.
- Staff newsletters and training sessions were used to ensure continuous learning and improvements took place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team.
- Management had the skills and knowledge to lead the service effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.

- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings, when appropriate or in one to one support sessions.

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

- People felt they were listened to. People were encouraged to be involved in the development of the service and feedback was sought from people who used the service.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.

Working in partnership with others

- Records and discussion demonstrated the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs and community nurses.