

Care and Companionship Ltd

# Home Instead Senior Care

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Home Instead Senior Care is a care at home service providing personal care to 33 people at the time of the inspection across the Cannock, Rugeley and Burntwood area, some of whom were living with dementia.

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.

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

People were supported by genuinely kind and caring staff who placed them at the heart of their care. Staff were safely recruited and were matched with the people they supported based on their hobbies and preferences to support people to feel comfortable and share experiences. Staff knew people really well and spent time with people to understand their backgrounds, preferences and goals.

People had exceptionally personalised risk assessments which gave staff comprehensive and clear guidance for staff to follow. Staff received comprehensive training which was led by the needs of the people they supported and reviewed regularly by professionals. The registered manager sought additional training to ensure people's changing needs were consistently understood and met by the staff that supported them. Professionals working with the service gave overwhelmingly positive feedback about the care.

There was a positive culture of learning and going 'above and beyond' at the service. Staff felt able to speak to the registered manager and we received consistently positive feedback about their approach. The registered manager reviewed the quality of the service with a drive to improve people's experience of care and strive for excellence. People's records were effectively reviewed in real time to identify areas of risk and to ensure the service prevented rather than responded to accidents and incidents.

People were supported by knowledgeable staff who understood how to safeguard people from potential abuse and harm. People received their medicines by trained staff as they were prescribed. People's needs were assessed prior to and during their support by the management team.

People were supported to eat and drink based on their preferences and needs. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (Published 11 October 2016)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings.

# 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 team consisted of two inspectors 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 houses and flats.

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 because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26/09/19 and ended on 02/10/19. We visited the office location on 30/09/19.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care givers and care givers.

We reviewed a range of records. This included five 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three professionals who regularly visit the service.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and able to raise concerns with staff. One person told us, "I have felt completely safe with [staff]."
- There was a safeguarding policy in place and staff received safeguarding training. Staff were knowledgeable about the types of abuse and how to report concerns. One staff member told us, "Safeguarding is ensuring that vulnerable people are kept safe."

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which included clear guidance for staff to manage and reduce the level of risk. For example, risk assessments explored what was important to people and their preferences.
- Risk assessments were recovery focused and promoted the least restrictive options for people's support.

Staffing and recruitment

- There were sufficient numbers of trained and experienced staff to ensure people's needs were met in a flexible way and people did not feel rushed. One person told us, "[Staff] are very good and always come on time. They will phone me if held up for any reason and they always stay my full time. They have never missed a visit."
- Staff were recruited safely. Staff had received checks from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

Using medicines safely

- People received their medicines as prescribed by trained staff who understood their responsibilities in regard to medicines.
- There was an app at the service which meant staff received an alert if they had not administered people's medicines as they were prescribed. The management team reviewed alerts in real time which meant the risk of medicine errors had been greatly reduced.
- People's medicines were reviewed by health professionals regularly to ensure they remained effective.

Preventing and controlling infection

- Systems were in place to ensure infection control procedures were followed within people's homes. For example, staff used protective personal equipment including aprons and gloves when they were supporting people.

### Learning lessons when things go wrong

- The provider had systems to ensure learning could be considered when things went wrong. For example, accidents and incidents were reviewed daily by the management team to reduce the risk of reoccurrence.



# Is the service effective?

## 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 good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People were supported by an experienced staff team who told us the training was 'excellent' and had completed in depth training which was led by the people they supported. For example, staff completed training on sepsis following a person experiencing repeated infections. This helped staff reduce the risk to the person and other people they supported as they could recognise early warning signs to ensure treatment could be sought in a timely way. One relative told us, "I am ecstatic with them. The excellent training reflects on the excellent care they give to [my relative]. They will do anything for them."
- The registered manager was committed to working closely with professionals to source further training to ensure they continued to meet people's need effectively. For example, staff worked alongside respiratory nurses to ensure a person could continue to be supported at home in line with their wishes. This improved the person's wellbeing significantly. One professional told us, "If staff haven't got the training they will source it. Staff go above and beyond to make sure they continue to keep people safe."
- The registered manager consistently monitored staffs' training and staff could request further training where they felt this was required. For example, the registered manager provided further training on catheter care following staff not supporting people with this need for some time. One staff member told us, "[The registered manager] would not let us do any task independently unless they were happy that we were competent."
- Staff received a comprehensive induction which allowed them to work towards the Care Certificate regardless of their experience. The care certificate is a set of standards which staff must adhere to in their daily working life. One person told us, "The training is so up to date it is in front of itself! It is excellent the way staff are trained."
- The registered manager ensured staff's continued competency in specialist areas such as PEG feeding by sourcing external professionals to review staff's ability and offer further training where this was required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were overwhelmingly committed to sharing their learning with the people they supported and the communities they worked within. The registered manager told us, "We feel a responsibility to share our knowledge. We go out to groups and local GP surgeries to talk about Alzheimer's and how to support people with Alzheimer's. We have also spoken to people about their diet and fluids to help people be aware of the importance of nutrition and hydration." This had empowered people to maximise their independence and to understand their relative's needs.
- The provider used an app to record, monitor and review people's care needs. People and with permission their relatives could access their care files from their home to ensure their needs and preferences were

recorded accurately and to see how they had been supported. People's relatives told us, where people may not have been able to recall when staff had visited them and how they had been supported; being able to access this information on the app gave them complete peace of mind and helped them to create conversations about what people had done with their day.

- Alongside this, the management team worked with staff to ensure changes in people's needs were recognised and their care plans were updated in real time. This ensured people always received care which met their changing needs and people were empowered to be at the heart of their care provision.

- The management team also monitored the times staff were attending people's care calls on the app to ensure these remained consistent and people were not waiting for their care or being rushed. For example, the management team would be alerted if staff were more than seven minutes late to a person's home and would contact the staff member to ensure they were safe and to update the person waiting for them to arrive. This meant people were confident their care was consistent and staff were safeguarded.

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

- The provider had a truly holistic approach to assessing, planning and delivering care and support. People's physical, mental health and social needs were comprehensively assessed prior to the start of and during their care. People's care plans were exceptionally personalised, included what was important to them and clear gave guidance for staff. For example, one person's care plan stated they, "Love shopping for new clothes assisted by [staff]." Another person's care plan guided staff to, "Apply [person's names] chosen perfume and jewellery." People told us that staff having an understanding about what was important to them and made them feel themselves hugely improved their relationships with staff and their wellbeing overall.

- The registered manager and senior staff met with all people using the service to ensure they felt able to communicate openly with them during their care provision. Following this, senior staff introduced people to further staff who would be supporting them to ensure people felt comfortable and had time to get know their staff team. People gave consistently positive feedback which supported that no staff would visit them without previously being introduced by staff they had already met and knew them well.

Supporting people to live healthier lives, access healthcare services and support

- Professionals we spoke with consistently gave exceptionally positive feedback about the service. One professional told us, "Everyone who is supported by them doesn't want to lose them. They are very responsive and go above and beyond. For example, the schedulers worked with us to ensure a person had four hourly calls for pressure care. You wouldn't get another agency being this proactive and flexible."

- The provider sought other professionals' advice where this was required. For example, when a person was unable to be discharged from hospital due to risks within their home; staff worked alongside the district nurses to assess their needs and the potential risks and supported the person to safely return home. One professional told us, "[The registered manager] is very receptive to making sure people have a high quality experience of care. They don't give up on ensuring people receive the care they need."

- People's care records contained information of health professionals involved in their care such as district nurses and their GP.

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

- Staff went above and beyond to ensure people continued to be supported when they were in hospital. For example, staff visited people in hospital to support them during protected meal times where they were at risk of not eating and drinking enough. This supported people to continue to feel supported within a hospital environment by staff who knew their preferences and needs and potentially reduced the length of their hospital stay.

- People were supported to maintain a balanced diet by staff who understood their preferences well. For example, people were supported with a variety of dietary needs by knowledgeable staff such as soft diets.
- People were supported to access professional support to maintain a healthy diet where required or where risks of choking and weight loss had been noted. For example, people had received support from speech and language therapists.

#### 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.

- The service was working within the principles of the MCA. Staff received training to support their understanding of the MCA and always sought people's consent prior to providing care. One person told us, "They always ask me if I am ok and what I want doing before they proceed with doing anything."
- People's capacity was assessed and care was provided in their best interests where required. The management team involved people, their relatives and professionals in decisions around care. For example, following a person being at risk of burning themselves when smoking, staff worked with the person and their family to agree a schedule for staff to support them to continue to smoke safely, as per their wishes.

# 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 has now improved outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives were overwhelmingly positive about the care and support they received. People told us they looked forward to staff visiting and enjoyed their company. One person told us, "Staff are very caring indeed and I'm very pleased with all of them. They cannot do enough for me." One relative told us, "All staff are absolutely excellent, kind and considerate. I feel complete peace of mind with them looking after [my relative] so well."
- Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. Their comments included, "I cannot put into words how amazing this [person] is" and, "I really look forward to visiting [Person's name]."
- People, their relatives and professionals repeatedly told us of occasions where staff had exceeded what was expected of them. One relative told us, "Staff go and fetch [my relative's] prescriptions as I live miles away. They will even go out and get them fish and chips from the chippy if they fancy them." Another relative told us, "Staff are so flexible with changing of times to suit us and they are all so nice and caring as times will vary due to our conditions."
- People felt exceptionally supported during periods of change or worry by staff. One person told us, "The carers are all so supportive. They will stay extra if I need to chat or am feeling worried." Staff gave us numerous examples where they had stayed with people to offer additional support when they were feeling unwell. For example, staff had supported people to make GP appointments and attended with them where they had requested, to ensure they felt safe and comfortable.
- Staff were matched with the people they supported based on their joint preferences and hobbies. This helped people and staff build trust and share their experiences. For example, one staff member was matched with a person due to their shared love of holidays and Spain. People told us this made them feel more comfortable with staff as soon as they met them as they had shared interests. We saw other staff members had been matched with a person due to similar interests in their pets as it was important to them that staff enjoyed spending time around the animals who shared their home.
- Staff understood equality and diversity. People's religious, cultural and social needs were considered during care planning and delivery. Staff told us how they respected people's individuality and aimed to provide care which respected their diversity.

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

- People consistently told us their views were listened to and they were involved in planning their care. Where people had limited communication, or chose to include them, their families or representatives were also involved in decision making. One person said, "My daughter does my care plan with staff and I do have

input into it when something needs changing or reviewing."

- The management team visited people in their homes to gain feedback about their care. The management team acted on people's feedback and changes were made as a result of this. For example, people's staff team had been changed where this had been requested. People told us they felt listened to and were treated as partners in their care.
- The provider actively encouraged open communication between people, their relatives and the service. For example, the provider had an electronic system which could be accessed by people and their relatives remotely with the person's permission. This enabled people and their relatives to review their records offer feedback which would be instantaneously communicated to the provider and staff team.
- The provider engaged with people about their preferred times for staff to visit them and these were flexible dependent on people's needs. For example, we saw a person's care was moved to later in the day to enable them to have a lie in and wake in their own time rather than being woken by staff. This meant people had genuine control over their care and helped them receive truly person centred care which was tailored to their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff were exceptional at supporting people to be as independent as possible. For example, staff empowered people to make informed decisions to safeguard themselves against financial abuse. Staff completed workshops with people which supported them to identify where they were at risk of being scammed. Staff told us that following a workshop a person had been able to identify they may have been scammed and was able to receive timely support from staff to stop this from happening. This helped the person manage their finances safely and made them feel able to speak up when they had concerns around their money.
- Respecting people's privacy and dignity was thoroughly embedded in staff's practice. One person told us, "[Staff] are very good, they draw the curtains and close the door and also keep me covered with a towel so I'm never left with nothing on when taking me to the toilet and to have a wash." One staff member told us, "Each client is so different and we would always respect their wishes." This meant people felt staff were respectful and staff supported them to feel more comfortable.
- People's right to confidentiality was respected and only people involved within their care and relatives they had given permission were able to access their care notes via the app.

# 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 good. At this inspection this key question has remained the same. 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

- People had personalised care plans which reflected their physical, mental, emotional and social needs. For example, care plans included people's preferences and guidance for staff on how to support people to reflect them.
- People were empowered to have as much control as possible and were regularly consulted about their care. One person told us, "My [relative] deals with that for me. But I have got my care plan here and it is all up to date."
- People were supported by staff who knew them well. One person told us, "[Staff] normally double up before they come on their own. The company will never send new staff unannounced."

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.

- People were supported with their communication needs relating to sensory loss and physical disabilities. For example, people's care files contained detailed information about how people communicated and gave clear guidance for staff on how to ensure people are understood. For example, people had been supported to access assistive technologies to support them to communicate.
- The provider met the Accessible Information Standard and information was available in formats people could understand such as large print.

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

- People were supported to access their local community to reduce the risk of social isolation and enhance their wellbeing. For example, staff spent time with a person building their confidence in spending time outside of their home. Staff told us this had improved the person's quality of life.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support and this was actively encouraged by the provider.
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people.

#### End of life care and support

- The registered manager was aware of the importance of people being involved in planning their end of life care and worked alongside people and professionals to ensure people's needs were met in line with their preferences.
- We saw positive feedback from a professional who had been involved in a person's end of life support which read, "If you (the registered manager) worked in our trust I would nominate you for a care and compassion award."

# 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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided outstandingly strong leadership and managed the service exceedingly well. As a direct result of this, they had developed a strong, confident management team who were fully committed to providing consistent support to the staff. This in turn meant that staff were providing the highest possible quality of care and support to each person and their family. Due to the exceptional level of leadership people and their relatives told us they had total confidence in the service. One relative told us, "All staff are absolutely excellent, kind and considerate. I feel complete peace of mind with them looking after [my relative] so well."
- Staff felt exceptionally well supported by the management team. They received regular, meaningful supervision and knew that support was available at any time they needed it. One staff member told us, "You can call the office at any time, they never make you feel stupid. It's like a family here, we all learn from each other."
- There was a solid structure of governance embedded into the service. Audits of all aspects of the service were carried out continuously in real time and any issues identified were dealt with immediately. This meant people's risk of harm was significantly reduced. For example, the management team reviewed all people's care visits and contacted the person, their families and staff to ensure they had received support which met their needs and to follow up any concerns. The registered manager told us, "Because we are seeing risks before they develop we are preventing accidents and incidents now rather than responding to them."

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

- The registered manager had developed and promoted an exceptionally positive culture which always had people and their families at the heart of everything. One relative told us, "They provide a bespoke and flexible care package to meet our needs. They are not just carers, they are friends who really care about their clients and demonstrate this on a weekly basis with chats, singing and a joke or two."
- We received consistently positive feedback about the registered manager and their inclusive, person centred approach. One relative told us, "During a lengthy hospital period in hospital [my relative] still continued to receive daily visits, the staff went the extra mile to care for them for which our family are very grateful." Another relative told us, "I am very happy with the service they give to [my relative]. Nothing is too much trouble for them."
- Staff were highly motivated and extremely proud to be working for Home Instead. One staff member told us, "The ethos of Home Instead is why I work here as you are really given the time to get to know the person



you are caring for."

#### Working in partnership with others

- Professionals were impressed by the service provided by Home Instead and the way the management team worked in partnership with them to ensure the best possible outcomes for people and their families. One professional told us, "I have a high regard of Home Instead. [The registered manager] is very receptive to making sure people have a high quality experience of care. I think they are excellent."
- The provider was exceptional at working in partnership with external professionals. They liaised with professionals at every opportunity and made sure they attended meetings relating to the care and support of the people they provided a service to.

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

- The registered manager was a visibly strong leader who championed the needs people, led by example and had an exceptional level of oversight within the service. This dedication had inspired staff to ensure they delivered exceptional care which empowered the people they supported and improved their quality of life. For example, we saw staff had completed a quality questionnaire where they overwhelmingly responded they would recommend the service to their friends and family.
- The registered manager had a wide range of ways in which they gathered the views of people using the service, their families, professionals and staff and we saw communication was open and continuous. For example, the registered manager sent out a quality questionnaire to people using the service and their relatives. The vast majority of the respondents made positive comments and these were shared with people along with any actions taken in response to comments made.
- There was consistently fluid communication between people, staff and the management team which enabled people to have genuine control over their care provision. For example, people had phone and home visit reviews as well as having access to an app which they could make comments on and change their care plan should they wish to. This was updated in real time and enabled staff to provide truly personalised care created by people and their families.

#### Continuous learning and improving care

- The registered manager was fully committed to continuously improving the service. They undertook training and ensured they were fully up to date with current best practice as well as research. This enabled them to adapt their practices to drive the quality of the service. For example, the registered manager engaged with skills for care to ensure their training was accredited.
- The registered manager had a continuous improvement plan in place and ensured that all actions were completed in a timely manner.

#### 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 fully understood their legal responsibilities and was as open and honest as they could possibly be when something went wrong. They discussed any issues with staff, relatives and the person where appropriate. The registered manager told us, "If somethings happened or we have made a mistake we investigate, are open, share information and learn from it. We would always apologise."